THE

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OF

MEDICINE AND SURGERY.

EDITED BY

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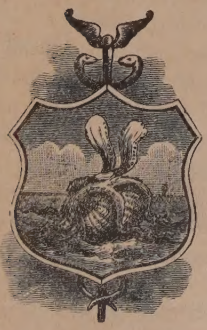

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MEDICINE AND SURGERY.

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A CLINICAL LECTURE.

CYSTITIS IN THE FEMALE; ITS TREATMENT BY DILATATION.

OPERATION FOR THE CLOSURE OF AN URETHRA TORN BY TOO HEROIC DILATATION—ABDOMINAL CARCINOMA AFTER OVARIOTOMY.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA,

BY WILLIAM GOODELL, M.D.,
Professor of Gynæcology in the University of Pennsylvania.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The case which I bring before you this morning is one of considerable interest to me, and will, I think, prove instructive to you.

This unfortunate woman had her last labor three years ago, and it, like her previous confinements, was a difficult one, requiring the use of instruments. After this labor she found that she was for some days unable to pass her water. This was followed by cystitis. Now let me say one word while on this subject. Whenever you have a patient, whether male or female, who has the water dribbling away, do not be caught as many physicians are, and suppose that the bladder is empty. This is often the dribbling from an over-distended bladder. Great mischief has been done and lives have even been lost by this mistake. In this case the nature of the difficulty was promptly recognized and the water drawn, but after convalescence she found that she had cystitis. This is by no means uncommon after a difficult labor, nor is it uncommon to have inability to pass water after an ordinary one. The cystitis, which had developed, went from bad to worse. She passed from one physician to another without receiving much benefit. She finally passed into the hands of an excellent surgeon, who dilated the urethra, but the dilatation did no good. This is an excellent plan in chronic cystitis and in those peculiar bladder troubles which cannot be exactly explained, but which are probably examples of nervous or hysterical bladders. There is, however, a drawback to the operation, and that is, that if the urethra is overstretched, permanent loss of control over the urine is liable to follow, and this is a grave accident. This is one reason why, in the case of calculus in the female, if the stone is larger in girth than the index finger and cannot be crushed, it is wiser to remove it through an opening made into the bladder than to remove it through the urethra. We had one case in the hospital last year in which a stone had been removed by a female practitioner of deserved eminence, in which stillicidium had resulted.

In the present case, the surgeon, finding that the dilatation had done no good, repeated the operation. This time the dilatation was very great and there has been considerable laceration of the urethra. This was not followed by relief, and this shows the excessively intractable character of the disease.

The surgeon then, very properly, made an opening into the bladder, forming an artificial vesico-vaginal fistula. This partly closed up and she sent for me. The story told me was such a pitiable one, that, although I am not much in the habit of visiting, I went to her house in an alley and found her in a wretched condition.

Her face, as well as her story, plainly showed how much she had suffered. I brought her to the hospital and enlarged the opening into the bladder. I afterwards swabbed out the bladder with a solution of nitrate of silver, of the strength of one drachm to the ounce of distilled water. My assistant carried out this treatment, applying the nitrate of silver several times. The strength of the solution was gradually reduced, and she left the hospital much improved. She finally got so well that I closed up the opening into the bladder. The trouble now is that the dilatation of the urethra has been so great, that she has no control over the urine, which flows away as rapidly as it enters the bladder, and produces an excoriation, which is very distressing. I told her frankly that I was not sure that I could cure her, but that I thought that I could help her. The dilatation has involved the whole canal, and all the muscular fibres have been overstretched. The dilatation has been so great that although I narrow the urethra, I am afraid that I shall not gain much retentive power.

This urethra is very badly torn, the laceration being posterior; more commonly it is anterior.

When you have a case of nervous bladder, you do not at once go to work and perform the operation. The first thing to do is to treat the case for nervousness. The best treatment is the Rest-treatment, of which I have spoken so often. Put the patient to bed, have her manipulated, use electricity, give a milk diet, and, after a time, she will get a real appetite, and then she can be fed up. Women eat enormously under these circumstances. She grows fat and the cystitis disappears, for it was the evidence of lack of nutrition. As a German physiologist has said, "Pain is the cry of a starving nerve for food." By feeding the patient, you will find that this irritable and nervous bladder will become tractable, and, in the great majority of cases, a cure can be effected without an operation. There are some of these cases which cannot be cured, and the same is true of cystitis.

How are such cases to be treated? They are to be treated by forcible dilatation, but this operation is to be done with care. In regard to the extent of the dilatation, I should advise you to begin the dilatation with the uterine dilator, then introduce the little finger of the left hand and dilate to this extent, and only in bad cases dilate to the extent of the forefinger. My own forefinger is not very large, but yet I rarely dare to dilate to its full extent. Those who have a large index finger should not introduce it. In one case in which I used my forefinger the operation was followed by a partial loss of control. When the lady coughed or laughed there would be a little gush of urine, as time went on the condition improved, but she never gained full control. In my book, I say dilate to the extent of the forefinger, but I should advise you not to exceed the little finger. There are graduated urethral dilators for this purpose, which, on the whole, might be better and safer, but I have always done the operation with my finger. The amount of improvement which is secured in some cases is astonishing.

The only instance which I can recall in my professional career in which a patient paid me a larger sum than my bill, was in the case of a poor lady who had a dreadful cystitis, which obliged her to get up frequently during the night and disturbed her as frequently during the day. I dilated the urethra, which, while it did not effect an absolute cure, did such a deal of good, that when she came to pay my bill, which was a light one under the circumstances, she insisted upon paying me more. She said that the good which I had done her was worth much more than the amount of the bill.

Speaking of fees, reminds me of a story a friend of mine told me of one of his patients, who was very close in money matters and always disputed her bill. On one occasion there was a case of smallpox in the family and the doctor attended most faithfully. When the case had recovered, and he was asked for his bill, he decided to make out a good one to compensate him for his trouble, and thought that it might as well be large for there would be a scene at any rate. He made a pretty big charge, and, with some compunctions of conscience, awaited the effect. The lady sent for him, "Now," thought he, "I am in for it." The lady met him and handed him a check, saying, "Doctor, here is a check for the amount of your bill, and here is another check for a hundred dollars for your kind attention. I think you have made a very low charge." This was quite an agreeable surprise.

Let us go back from this digression, and speak of the treatment that is suitable for

cystitis, especially in women. Fortunately, cystitis in the female is not so serious a disease as it is in the male. One reason is because in woman the urethra is shorter, being not over an inch and a half in length. There is no prostatic gland to complicate matters. The calibre of the female urethra is much larger than that of the male, and this fact, in connection with the shortness of the urethra, explains why a woman empties her bladder so quickly.

It is not always easy to draw the line between simple irritability of the bladder and a true inflammatory condition, for sometimes there will be a deposit in irritable bladder. Of course, if there is a large quantity of stringy mucus or pus, the nature of the case is evident. When a woman comes to you with a trouble of this kind, one of the best remedies by the mouth is belladonna in some of its preparations. It is always a good plan to test the urine. If it is acid, alkalies in large doses may be given, while, if it is alkaline, acids will be given. It is also a good plan to give a remedy to act on the kidneys and dilute the urine. Sweet spirits of nitre or buchu may be given in combination. A very excellent preparation is one containing bi-carbonate of soda, belladonna, sweet spirits of nitre, and buchu. It will, however, be found that if the case is one of true cystitis, local treatment must be employed. This consists of introducing a catheter, emptying the bladder and injecting various solutions. The preparation which, taking it all in all, is the best in chronic cystitis, is a solution of nitrate of silver, beginning with two grains to the ounce and gradually increasing the strength. When a strength of from twenty to sixty grains to the ounce is used, the solution must be allowed to remain only a short time. The reason why there is a certain amount of tolerance on the part of the bladder to these strong solutions of nitrate of silver is, that almost at once a pellicle of chloride of silver is formed which prevents the action of the remedy. When the strong solutions are used they cause considerable pain, and the hypodermic syringe should be ready to use if necessary. These solutions should be allowed to remain only for ten seconds. After the solution flows out a solution of common salt may be injected. This is perhaps the most efficacious treatment, but anything that will wash out the bladder will do good. A solution of nitric acid, from two to five drops to the ounce, is often of service.

If these measures fail, one of two things may be done: One of these is to introduce a self-retaining catheter. This should be a Goodman catheter, which is short and does not hit the fundus of the bladder, for, when anything passes the neck of the bladder and irritates the cavity, the bladder spasmodically contracts. This reminds me to say that when you have to draw the urine in a case of irritable bladder or in cystitis, the catheter should not be passed beyond the neck of the bladder. The instrument should be passed slowly, and as soon as the urine begins to dribble, it should be arrested at that point. If the catheter touches the inner surface of the bladder you will feel the organ grasp the instrument, giving the same sensation as is felt when you suddenly turn a spigot through which water is flowing. A self-retaining catheter will sometimes do good by drawing off the residual urine and keeping the bladder empty. The objection to this is, that few women will permit a self-retaining catheter to remain, as it is too irritating.

The other plan is to make an artificial vesico-vaginal fistula. This is done in the following way: A sound is passed into the bladder, its tip turned backwards, and an opening is made on the end of the sound, midway between the neck of the bladder and the cervix. Care must be taken not to open the neck of the bladder, for there are antagonistic muscular fibres in this locality which would interfere with union when the time comes to heal the fistula. How will the opening be made? One plan is to use Paquelin's cautery, because the walls of the bladder are much thickened. This thickening is due to several causes. One is the long standing inflammation; another is the contraction of the muscular fibres, causing hypertrophy; and a third is, that the bladder being empty, its walls are thickened. The resulting thickness causes great difficulty in keeping the opening patulous. If the opening is made with the knife, it will be necessary to introduce a tube to keep the opening from closing. There are little glass eyelets with a shoulder on each end, which are made for the purpose. Stitching the vesical edge of the wound to the vaginal edge will prevent union, and this should always be tried when practicable.

What is the rationale of this operation? It keeps the bladder empty and allows none of the irritating urine to remain. In this way you will find that, little by little, the bladder gets better. When I say "you will find," you must take that with some grains of allowance. Sometimes these cases are incurable whatever means are employed. If an opening is made it may be necessary to keep it open permanently.

I have now denuded the parts and placed a number of stitches. I have learned a little lesson in these cases, and that is, that it is not necessary, and, indeed, the success is greater if a catheter be not used. Formerly I always used a catheter, but this tends to prevent union by the first intention. In my later cases I have omitted the catheter, and have obtained union even when the woman was allowed to pass water herself. If she cannot pass it, I use a small catheter. I am afraid that this operation will not be successful, for the reason that the dilatation has been made higher up. If it fails I shall dilate the urethra with the fenestrated urethral dilator, and then pass in Paquelin's cautery, heated to a dull heat, and cauterize the part to see if I can diminish the calibre of the urethra in that way.

As regards the diet in cystitis, skim-milk is, I think, really the best. Sometimes cases can be cured with skim-milk which are not influenced by ordinary diet. Pepper, highly stimulating food, and everything irritating must be avoided.

I told you that this trouble had been caused by the birth of a child. It was due to the squeezing of the bladder between the child's head and the pubic bone. That is, however, not the only way in which cystitis may be developed after labor. A number of incurable cases have occurred in women from retention of the urine. Inflammation of the bladder from this cause is not so common now as it was in former years when stage coaches were in use. Women would, from modesty, go many hours without emptying the bladder. Women of that day did not have the imperturbability of one of Sterne's heroines. He states that while travelling in a diligence in France, in which was a lady and two or three gentlemen, the lady signalled to the driver to stop; she then got out and went into a neighboring woods. When she returned one of the gentlemen incautiously asked her what was the matter. She replied, "Nothing but to piss." That occurred over a hundred years ago, when people were more bluff and outspoken than they are now. It would require a good deal of pluck and courage for a woman at this day to stop a stage coach and ask the driver to permit her to retire into a convenient woods. That was the trouble in the day of stage coaches. A woman would have her bladder full for a whole day, and when she reached the hotel, she would often be unable to pass water, because retroversion of the womb would have been produced. One of the worst cases of cystitis which I have ever seen, and one which I did not succeed in curing, occurred in this way: she never permitted me to make an opening into the bladder, and dilatation was followed by only temporary benefit.

I have introduced five stitches, and you can see the result of the operation. We shall give no medicine whatever. I shall not order the parts to be syringed for fear that the nurse may overdo it. In one week, or perhaps a little longer time, I shall remove the stitches, and I expect to find a perfect union, but I fear that while the operation will afford some relief, it will not prove a perfect success.

There are other remedies given in the text-books to which I have not referred. Among them is benzoic acid, which will sometimes act efficaciously. When you have a bad case of cystitis you are not going to cure it by remedies administered by the mouth. Irrigation with a double catheter is a good thing. In a recent journal I saw an account that a German had irrigated the bladder with healthy urine for the cure of cystitis. This was done with success. In this case it was a male who had cystitis, and his wife's urine was used for injection. There is a plausibility about this, for healthy urine is the fluid which should be least injurious to the bladder. I think that this method might be tried with advantage.

Carcinoma Appearing after Ovariotomy.— Some of you have seen this patient before. Three or four years ago I had a woman here who was reduced to the last degree of emaciation. She had an abdominal tumor of the colloid variety which had burst, and the time was appointed for the operation. It turned out to be a very cold day, and when I arrived the temperature in the room was 55°; I lit a small gas stove, which raised the temperature a trifle. I removed both ovaries and cleaned out the ab-

dominal cavity as best I could; there was no mistake about the removal of both ovaries. The patient got well, and she would come to the hospital every now and then to show herself. About last July or August, ten months ago, she began to have pain and swelling of the abdomen, and since that time she has grown a good deal worse, and emaciation has progressed rapidly; she now suffers a great deal of pain; there appears to be either some obstruction of the bowel or some condition by which pressure is made on it.

Examining the abdomen, you see that the navel is protruding; this means free fluid in the cavity of the abdomen; if the fluid were in the cyst it could not enter this small opening; in addition to the free fluid there is also a positive tumor, which is very tender indeed. I am disposed to think that this tumor contains fluid. At the lower angle of the incision there is a little nodule which has appeared since I last saw her, which was two months ago; to the left I find another nodule under the skin, which is very sensitive; on the right side I feel still a third nodule. There is found, on vaginal examination, protrusion of the posterior wall of the vagina, which is another proof of free fluid in the abdominal cavity.

The question arises as to the nature of the trouble. As I have already stated, the tumor which I removed three years ago was a colloid tumor, and in many instances a colloid tumor is a malignant tumor. There is no question in my mind that many ovarian tumors which begin as benign growths, will, if let alone, become malignant in their character. My opinion is that the tumor which I removed was a malignant tumor, just beginning, and that now from the stump of the ovarian pedicle has started a malignant growth. It is always a suspicious sign when free abdominal fluid is found with a small tumor; a small tumor is, as a rule, very movable and does not press on the bloodvessels; a malignant tumor is usually immovable, and presses upon the adjacent veins, causing distension and exudation. I am further led to believe that this tumor is malignant from the presence of these nodules in the peritoneum and at the lower angle of the incision. I believe that if the abdominal cavity were opened that we should find the peritoneum studded with cancerous growths, varying in size from a millet seed to a small hickory nut.

It would not be advisable to tap in this case, for the fluid would be replaced with great rapidity. The same is the case in ovarian tumors. The rule is never to tap unless you are obliged to do so, either because the woman will not permit the radical operation, or because the cyst is so over-distended that you believe that you must relieve the organs of pressure. You should, however, not tap indiscriminately, for the cyst rapidly refills, and as the fluid is highly charged with albumen, the woman goes down hill rapidly. I have seen the fluid collect at the rate of over a pound per day in a woman over 68 years of age, so that she gained fifty-one pounds in six weeks.

In this case the fluid is doing no mischief. It is the presence of the malignant growth which is giving the trouble by pressing upon and interfering with the functions of other organs.

All that we can do here is to mitigate her sufferings and give her a comfortable death. This is to be done by the administration of morphia in any shape that she wishes. We shall not give large doses at first, because it will have to be increased as the disease advances.

ORIGINAL COMMUNICATIONS.

THE RELATION OF UTERINE AND OVARIAN DISEASE

TO THE NERVOUS AND MENTAL DISORDERS OF WOMEN.

BY EDWARD C. MANN, M.D., N. Y.

THE neurologist of to-day, when a nervous invalid presents herself, is quite apt, we think, to attribute the great range of unnatural phenomena which such cases often offer to our inspection, simply and solely to the disturbed action of the centric nervous system. We are quite apt, all of us, to endeavor to locate the disease somewhere in the series of functionally related ganglia which make up the brain, and which are continuous with the spinal cord, and to locate the trouble in the cord itself, and to ignore other foci of disease. We say such is the tendency. Of course, we do not say that all follow it.

There is a constantly increasing class of young unmarried women and young married women, who apply to the neurologist for treat-

ment, and who clinically present the following symptoms: perverted sensation and perception. The special senses are interfered with by disease of their respective nerves or primary ganglias. There may be illusions and also hallucinations connected with either of these senses, merely from a functional exaltation of the primary ganglia, the result of uterine disease. There may be hemianæsthesia, sensations of numbness, tingling, and neuralgic pains from the same cause. Functional exaltation of the primary ganglia is especially produced by and due to morbid states of the uterus or ovaries when it occurs in women. We often meet with perverted emotion and ideation from hysteria to insanity. We may see perversion of consciousness including somnambulism, ecstacy, catalepsy, and very often states of drowsiness, stupor, and coma. We may see frequently perversion of motility, tremors, twitchings or spasms, paralysis, defective coördination. We may meet with nutrition and trophic changes also. We do not deny the possibility of perverted visceral action including the uterus and ovaries, due to functional brain disturbance. This happens not unfrequently. Contractions and dilatations of vessels may take place in different parts of the surface of the body, or in internal organs, from stimulation or contraction of the vaso-motor nerves, occasioned by direct or indirect influence exerted upon the principal vaso-motor centres in the region of the *pons varolii*. While brain disease may produce every one of the phenomena we have spoken of, we maintain that in many young girls and young married women we have seen them all frequently, and also have seen them all disappear promptly when we treated the uterine or ovarian lesion. A young lady was sent to us from Tremont, N. Y., a few months ago. She had a delusion that she was constantly followed by Catholic priests, was sleepless and very hysterical. I became convinced that her symptoms were due to uterine hyperæsthesia and irritation, and introduced into the os uteri a little pill, broken off from the mass I constantly use, namely, ext. belladonna, ℥j (Allen's), and morphiæ sulph., ℈j. After introducing this pill I put a pledget of lint or absorbent cotton, on which was tannate of glycerine, against the os, and sent the girl home. I repeated this but three times at intervals of two days, ordering hot vaginal douches every other day, and at the end of ten days my patient's nervous system was calm and tranquil, and all delusions had vanished. Another lady came to me from New Jersey with a history of recurrent mania for four months at each menstrual period, and a report of great pain, convulsions, and difficulty of menstruation. I found a contracted cervix; dilated it with Peaslee's dilator; gave ergot, fl. ext. ℥ss, and sodii bromide ℥ss, ter die for one month, also pill of zinc valerianate, ℥j, and ext. belladonna, gr. iss. M. Ft. 30 pills. Sig. Pill every two hours and warm baths at night. The patient was homicidal and dangerous when the mania appeared, but under this treatment she made a perfect cure in two months. We may find irritation, ulceration, and displacements in these cases.

I would say that in making applications to the mucous membrane lining the canal of the cervix and also to the mucous membrane lining the cavity of the uterus, that, in my opinion, great injury to the nervous system of women often results by too irritant and caustic applications, particularly when the lining mucous membrane is denuded of its epithelium, as it often is. The same amount of care is not paid to the treatment of the diseased mucous membrane in these localities as is devoted to the treatment of the mucous membrane of the eye, mouth, nose, rectum, or bladder. The danger of too powerful an agent in producing an irritant effect on the nervous system is often, I think, ignored. The utmost care and caution, and the use of mild applications is, I deem, a necessity in treating any woman whose nervous system completely overbalances her physique. In treating ulcers of the cervix or other cervical trouble, after a proper dilatation of the cervical canal, and a thorough cleansing of the mucous membrane of any secretion, then the remedy to be used should be carried fairly into contact with the lining mucous membrane of the cervical canal. This may be done most effectually by the little tube devised by the late Professor Peaslee, of New York. It is one and three-fourths inches long and three-eighths of an inch in diameter, with three fenestræ, each including one-fifth of its circumference, extending from the collar one and a quarter inches towards its conical extremity. Being introduced after a proper dilatation of the cervical canal, the medicament may be applied to three-fifths of the entire lining membrane of the cervical canal; when rotating the

tube sixty degrees the rest of it is uncovered and receives the application in its turn.

The tincture of iodine, in recent cases, should be used at first in weak solutions as Dr. Peaslee used it, at first of the strength of one drachm to one ounce of water, then two drachms to one ounce of water, and so on up to the full strength if required; while in cases of long standing it may be used at first with an equal quantity of water. The applications may be repeated in from four to seven days, or less frequently, according to their strength and effect. The sulphate of zinc, alum, tannic acid, sulphate of copper, and nitrate of silver, may also be used beginning with grs. five to the ounce of water, and gradually increasing the strength. The tannate of glycerine, from one scruple to one drachm of tannic acid to one ounce of glycerine; iodine (Churchill's), one-half drachm to one ounce of glycerine, and chloride of zinc, ten grains to an ounce of glycerine, are all of them good applications. Chromic acid is rarely required, and should never be used stronger than one part of acid to ten parts of water. It is only very rebellious cases that require the strong solutions. When the membrane of the cervical canal is too sensitive to admit of even these applications, or becomes too sensitive from a too strong application, we have used successfully, by Dr. Peaslee's recommendation, given some years ago, an application of Majendie's solution with an equal quantity of water, and also a saturated solution of the chlorate of potassa. We have also found Dr. Peaslee's plan of dilating the cervical canal with his steel dilators, of his own devising, much more useful than sponge tents. There are five dilators in the set, varying from one-eighth to five-sixteenths of an inch in diameter. Each is guarded by a bulb one and three-quarter inches from its point, so that it can pass only that distance into the uterus, and therefore project only from one-quarter to one-half inch into its proper cavity, the object being solely to dilate the cervical canal without any needless intrusion into the cavity. The patient lying on her back with the feet drawn up, the dilator should be passed along the left index finger without recourse to the speculum. If the cervix is quite yielding, the full amount of dilatation may often be effected at one visit in from ten to twenty minutes. If more resistant, two visits may be required on two consecutive days. If quite resistant, the Nos. 1, 2, and 3, may be used, and then a sponge tent be introduced to complete the dilatation within the next twenty-four hours. If much pain is produced, remove the instrument, and repeat the attempt two days later.

We cannot have an isolated pathology of the ovaries or uterus. The nervous centres suffer in sympathy with the whole body through the agency of the sympathetic or ganglionic nervous system. The cerebro-spinal nerves, which are branches of the sacral plexus, take their origin from the neighborhood of the third and fourth lumbar vertebræ. The uterine fibres of the sympathetic, coming from the aortic plexus, take their spinal origin at the level of the last dorsal vertebra. The uterus also contains a large number of ganglia, mostly confined to the lower part. The spinal cord is capable of exciting, on irritation, the contractions of the uterus, and also of the bladder. These movements are more easily produced the more nearly the middle of the lumbar spinal cord is approached. A great many of the neuroses to which women are subject arise out of, or are in intimate reactive relation with, the play of her sexual system, and the key to many of her nervous disorders will be found here. Thus, puerperal insanity is, pathologically speaking, due to the carrying of morbific elements from the uterus into the general system by absorption. Likewise syphilitic insanity in women is due to the syphilitic poison first attacking the mucous membrane, and from this point of departure invading the central nervous system. The most subtle instance of nervous syphilis is that where an ovum is impregnated by a tainted male, and the child being born with nervous syphilis. Finally, we may find some neuroses of women in infancy and childhood, owing to faults of development of the sexual organs and the accidents from injury or disease to which they are liable.

We may find nervous diseases and mental diseases in women at puberty and during the virginal state, some being consequences of the developmental faults alluded to, others arising from functional difficulties, etc.

We may have nervous and mental diseases in women connected with pregnancy and parturition.

We may have nervous and mental diseases in women consequent on parturition and childbed.

We may have nervous and mental diseases

in women connected with or dependent upon mechanical or strictly surgical affections of the ovaries, uterus and vagina, original or acquired, including displacements or malformations of the uterus and diseases of the ovary and broad ligaments.

We may have nervous and mental diseases of women connected with the climacteric, more immediately attending and following the menopause.

We may have nervous and mental diseases in women associated with error of function of the ovaries and uterus, and also associated with lactation.

All of these cases may transmit a neurotic tendency to their children; not a tendency to any one particular disease, but a vulnerability of the nervous system as a whole, so that under the influence of even a comparatively slight strain, this weakness may manifest itself in one or other of various ways. It may show itself by mere general nervousness, by chorea, by epilepsy, or by some form of insanity, while in some of the more vigorous children the neurosis may die out and fail to be manifested at all. I have seen many times, in women suffering from nervous disease dependent upon ovarian or uterine trouble, illusions, hallucinations, and delusions, owing to a functional exaltation of the primary ganglia, which functional exaltation was due to the morbid state of the uterus and ovaries. We may find perverted sensation and perception; perverted emotion and ideation from hysteria to actual insanity; perversions of consciousness; perversion of motility, as tremors, twitchings, and spasms, or even reflex paralysis and vomiting; nutritive or trophic changes and perverted visceral action of heart, bladder, and digestion.

REPORT OF INTERESTING CASES IN WESTMINSTER HOSPITAL,

LONDON, ENGLAND.

BY ALFRED J. GUBB, M.R.C.S.,
Resident Obstetrical Assistant (London, England).

GEORGE C., aged 13, flower seller. Patient was playing at foot-ball about a month ago, soon after which he was seized with pain in abdomen—was unable to remember having received any blow or shock in that region—he was sick after the mid day meal of that day, and felt very unwell generally. During the two following days he had several severe paroxysms of pain, between which he had a movement of the bowels. Three days later he applied for relief in the out-patient department with the following symptoms: pain in the epigastric region, left hip and shoulder, together with a troublesome cough which also caused him pain; when made to walk he did so slowly and laboriously, complaining of its causing the pain in the abdomen. The case was diagnosed as possibly one of diaphragmatic pleurisy, and the patient was ordered a saline mixture, with directions as to being kept warm, etc., and he was instructed to come again three days later if the symptoms were not relieved.

Five days later the boy again came to the hospital, and was admitted to the Burdett Ward under Dr. Donkin. On admission, patient lay on his back with the legs slightly drawn up, he had an anxious, pinched expression of features with flushed cheeks; his tongue was moist and covered with white fur; abdominal pain aggravated by occasional hiccough. The pain was acute, and patient indicated the umbilicus as being its seat; it was paroxysmal in character, but was never entirely absent; the paroxysms were frequent and lasted about two minutes. The abdomen was slightly distended and was universally acutely tender on pressure; left side of abdomen tympanitic on percussion, right side comparatively dull. No tumor nor induration perceptible on palpation, nor was there any external hernia discoverable. Patient passed very little urine, and micturition was painful. He said he had passed a constipated motion that morning with pain and difficulty. Pulse small, 86; temperature, 99° F. Hot fomentations were ordered to abdomen, with twelve minims of tinct. opii at bedtime; diet of milk and beef tea. Patient was sick and in so much pain that the tinct. opii was given at once (7 P.M.), and at 9 P.M.; as pain was not relieved, half a grain of pill opii was given to be followed by one-quarter grain every four hours.

Patient passed a fairly comfortable night though awakened from time to time by the paroxysms of pain, falling to sleep again on their cessation. This state of things persisted during the following day, but the patient was unable to take much nourishment on account of the vomiting, which, later on in the day, had a rather suspicious stercoraceous odor. As towards evening patient seemed to get worse,

Dr. Donkin was sent for, and under his directions the tube of a stomach pump was passed per anum for a distance of about eighteen inches, as far as it could be introduced, without undue violence, and about three quarts of water were then cautiously injected. Percussion was not then dull over whole abdomen. The water was returned after a short time unchanged, with two or three small scybala; after its evacuation, the abdomen became resonant to percussion, as before, but was more distended, and tenderness appeared somewhat more marked to the left and above the umbilicus. Pulse, 108; temperature, 97.8°; fomentations were ordered to be discontinued.

On the third day (including day of admission) patient's vomit was of a light-brown color with a decidedly stercoraceous smell, and at noon this was still more marked. Patient vomited three times during remainder of day, and after consultation with Dr. Macnamara operative proceedings were decided upon.

Patient was removed to the theatre, and anæsthetized with ether, and Dr. Macnamara proceeded under antiseptic precautions to open the abdomen by means of an incision about four and a quarter inches in length, in mesial line, immediately below umbilicus. On opening peritoneal cavity some pus exuded with distinctly fecal odor, the large intestine was distended and congested. On digital examination some gut was felt bound down to back of abdomen, and a band of adhesions was felt to give way before the fingers just to the left of the wound. As nothing further could be discovered, the wound was closed by deep and superficial sutures and antiseptic dressing applied.

Patient was taken back to the ward and ordered a tablespoonful of milk every hour, with ice to suck. About half an hour later he vomited again, the vomit still being stercoraceous. At midnight, as soon as the patient was fully recovered from the effects of the ether, the pain returned with redoubled violence. His face was drawn and anxious; pulse was smaller; there was no further action of the bowels; a grain of pill opii was given.

At 1 A.M. the pulse was feeble and more rapid, and forehead was cold and clammy; ordered ℥ij of brandy.

At 4 A.M. patient was much the same, and pain as severe as ever; ordered half a grain of pill opii, and repeat brandy.

At 10.30 patient's condition worse, vomiting still fecal, strength failing. The tongue dry, with sordes on lips and teeth. Hands cold, face cyanosed. Death took place at 12.45, the temperature five minutes after death being 102.6.

Autopsy, twenty-six hours after death.

Body well nourished, abdomen distended, with linear wound extending some six inches downwards from the umbilicus, the margins of which were superficially united. Internally there was evidence of general peritonitis, the coils of intestine being matted together, and their peritoneal surface covered with thick layers of yellow lymph; patches of acute congestion were visible in many places on the coats of intestine; the upper part of the gut was distended, while the lower part was placid and contracted but contained many scybalous masses. Five feet six inches above ileo cæcal valve the gut was found to be contracted, and at the seat of constriction the gut only measured one inch in circumference, just below constriction the circumference was one and a half inches, just above four inches. Below constriction the mucous membrane was of a bright red color, above it the membrane was of a pallid color as far up as and including the stomach, and there was a large quantity of thin fluid feces. The cause of the peritonitis was found to be due to ulceration of the vermiform appendix, produced by impaction of a fecal concretion, somewhat resembling a calculus, measuring seven-tenths of an inch in length, and about one-quarter of an inch in breadth, and of a slate color. Nothing abnormal in other organs, but lungs were much congested.

Emma B., aged 29, single, admitted into gynæcological ward under Dr. Potter. Her medical attendant stated that she had been suffering from severe uterine hemorrhage which first occurred two years ago, when she was taxed with having been pregnant; this, however, patient had strenuously denied. She never seemed to have regained her strength since that time, and had spent many months at convalescent homes, but without deriving any great benefit or relief from the debility and general malaise from which she suffered. Six weeks ago the hemorrhage suddenly recurred to the uterine and (according to the doctor) rectum; there was considerable pain, described as resembling labor pains, but although the clots were carefully examined nothing was found but coagulated blood. She

had been unable to take any nourishment and vomiting had been incessant. Latterly she had been fed by nutrient enemata, but they caused her great pain and were generally immediately returned. There had also been hemorrhage from nose and mouth.

On admission, patient was in a semi-comatose condition, extremely anæmic, with dry, brown tongue, sordes on teeth and lips, deep-sighing breathing, equal semi-contracted pupils responding slowly to light, peculiar and strongly marked odor of urine in her breath. Temperature, 97° F.; pulse quick, hard, and intermittent. Patient was greatly emaciated and semi-insensible, though she appeared to understand when spoken to loudly; her articulation was very embarrassed, and she complained of severe epigastric pain, she was unable to swallow except with great difficulty, and vomiting was constant, there was a continual sanious dribbling from the mouth; skin was very dry; abdomen was normal, no spots. She had not passed any urine for several hours, and between seven or eight ounces were drawn off with a catheter. The urine was dark in color, specific gravity 1015, strongly acid, and on testing was found to be loaded with albumen. No vaginal or rectal hemorrhage was noticed after admission. There was marked twitching of both arms and occasionally of features.

Brandy was given, but owing to difficulty in swallowing patient was unable to swallow much. She was placed in a hot-air bath for an hour, but no perspiration was induced. She was warmly wrapped up and put back to bed, an enema of beef tea with an egg beaten up being administered per rectum, but was returned unchanged. A solution containing a sixth of a grain of pilocarpin was injected subcutaneously followed by subcutaneous injection of brandy, but without any appreciable effect. Patient became gradually more comatose and died twelve hours after admission.

At autopsy most of the organs were fairly healthy, but the kidneys were the seat of very marked atrophic changes, the left kidney only weighed about an ounce and a quarter and was the size of a large walnut, the right kidney was also much shrunken and atrophied and both had undergone much fatty degeneration. The bladder was strongly contracted, but was otherwise healthy. The uterus was of normal size, os smooth, not lacerated but slightly congested and abraded. The ovaries were surrounded by cyst-like formations, to which they were more or less adherent.

Enormous Hypertrophy of Clitoris, Successful Removal (under Dr. Potter).—Sarah H., aged 33, married. Patient applied in the outpatient department on account of a "tumor." On examination a growth the size of a fœtal head was seen growing from the anterior part of vulva, pyramidal in shape, covered with irregular thickened integument completely hiding the orifice of the vagina, which was only rendered visible by drawing the mass well forwards; vaginal examination showed that the vagina and os were healthy; the tumor was attached by a thick solid pedicle to the anterior commissure of the vulva, and there was a large patch of black slough at its most dependent part, which gave rise to a most offensive smell.

The patient stated that she had been married eleven years. Shortly after her marriage she noticed a swelling on one side of anterior part of vulva, just at a spot where she had received a kick some months previously; this swelling had gone on increasing ever since, but patient said it had caused her no inconvenience until within the last few days when the tumor began to slough and caused her annoyance from the smell. Rectum showed signs of extensive laceration.

Dr. Potter having decided to remove the tumor, the patient was anæsthetized, and the tumor removed by means of the chain écraseur, though not without difficulty, owing to the toughness and strength of the pedicle. No blood was lost, the margins of the wound were united with sutures and dressed with iodoform and absorbent pad. The wound healed without difficulty, and the patient was enabled to leave the hospital cured a few days later.

The tumor weighed upwards of two pounds, and consisted of very dense fibrous tissue with numerous large vessels.

SCABIES.—The following is urged by the British Medical Journal:—

℞.	Flowers of sulphur .	100 parts.
	Quicklime . . .	200 parts.
	Water	1000 parts.

Boil and stir until incorporated; cool and decant and seal. Put the patient into a warm bath, and paint with the preparation.

CONTRIBUTED ARTICLES.

SUPPURATIVE ARTHRITIS; ITS CONSERVATIVE TREATMENT.

BY C. B. NANCREDE, M.D.,
Professor of General and Orthopædic Surgery in the Philadelphia Polyclinic; Surgeon to the Episcopal and St. Christopher's Hospitals.

[Read before the Philadelphia County Medical Society, November 19, 1884.]

THIS paper in reality consists of the brief notes of a case of incised wound of the knee-joint, and the elaborate history of a second case of suppurative arthritis of the wrist-joint. For the history of the latter I am indebted to Dr. Ralph W. Seiss, the family attendant of the patient, to whose unremitting and intelligent care a large share of the recovery must be attributed. Instead of dilating upon the indications for treatment in cases of suppurative arthritis, I will simply let the histories of the cases speak for themselves.

On Saturday, March 25, 1882, I was asked to see J. P. R., æt. 28 years, a patient of Dr. T. S. Crowly. The doctor had first seen him on that day, and had at once directed them to send for me, recognizing the exceeding gravity of the case. J. R. had, the previous Thursday afternoon, cut his right knee with the corner of his hatchet, when the limb was strongly flexed, thus rendering the incision into the capsule non-coincident with that through the skin when the joint was in any other position than extreme flexion; in other words, the joint was opened in a so-called valvular manner. Owing to a nick near the corner of the hatchet, the weapon must have incised the capsule fully to the extent of a fourth of an inch. He at once tied a "chew of tobacco" over the wound, and did some light work until the evening, when he rode home. The next day he returned to his work, which happened then to be light, but unfortunately he walked home, about two miles, which caused enough pain and uneasiness in the joint to induce him to stop to rest several times before reaching home. That evening he still persisted in walking around, without experiencing much uneasiness, and, retiring early, was awakened by very severe pain in the joint, which was red and swollen. Chills, high fever, and slight delirium rapidly supervened. When I first saw him, the joint was filled with fluid, and the periarticular tissues were swollen and reddened. Rest and ice with opiates utterly failed to control the symptoms, so that by Sunday night the patient was very ill, with a manifestly suppurating joint. Some synovia mingled with pus issued from the incision, both with and without pressure. Upon consultation with Professor Ashhurst, I freely laid open the original wound upon a director, and then made a free incision upon the outer upper side of the patella, thereby giving vent to a quantity of purulent synovia. The patella came into contact with the femoral condyles, so that no extended search was made for the opening in the capsule. A poultice was applied and morphia exhibited. The next morning the joint had again filled up, but on a second visit the discharge had again found vent, allowing the patella to recede to its normal position. The whole lower half of the thigh and the region of the head of the tibia was converted, within a few days, into a series of abscesses more or less intercommunicating. Suffice it to say, that by free counter-openings, drainage-tubes, antiseptic injections, and immobility of the joint secured by splints and suspension from the ceiling, aided by a proper supporting regimen, with free stimulation, quinine, etc., the patient convalesced. Hot douching, massage, and passive movement, in a few months, brought the knee to a right angle, and now perfect extension and nearly perfect flexion have been attained. The members will see that the patient walks absolutely without any limp, with a freely moving, normal joint, which never reminds him of previous trouble, except by passing fatigue, although he tells me that he has formed such a habit of "favoring" his knee, as to make him afraid to exert it much, unless he forgets all about it, when he uses it as freely as ever before. Such a result speaks for itself.

In this case there is no reason to doubt that the immediate application of a compress and bandage in the form of the "chew of tobacco" and the handkerchief excluding the air, the ride home, and the night's rest, all favored primary adhesion of the capsular wound. The next day's work, light as it was, with the walk home and the subsequent evening's exercise, doubtless reopened the recently healed capsule, air was probably pumped in by the movement of the joint, and suppuration ensued. Perfect quiet of the joint from the moment of reception of the wound, its disinfection and anti-

septic dressings, aided by cold, would doubtless have obviated all the subsequent danger and suffering.

I shall now read the notes relative to the case of suppurative arthritis of the wrist and inferior radio-ulnar joints, kindly furnished me by Dr. Seiss.

On April 24, 1884, I was called in the case of Mr. W., a large, powerful man, of splendid constitution, and perfect family history; a builder. He had led an active, out-door life, and had been of regular habits up to within a few years, since when he has been drinking somewhat heavily. One week before I saw him, while wrenching the stopper from a bottle the neck broke, and the keen edge of the larger fragment, in slipping, cut the ulnar side of his right wrist, producing a wound down to the joint capsule, and about an inch in length. After allowing the free venous bleeding to continue some moments, he forcibly strapped the wound with many layers of court-plaster, applied over this a tight bandage, and then soaked the entire dressing with "Turlington's balsam." To ease the terrible pain he suffered, he says he consumed about a quart of whiskey in a single day, and almost as much the succeeding day. He was given calomel and a "fever mixture" by a local practitioner at Atlantic City, N. J., where the accident occurred, and some five days after the receipt of the injury was removed by his relatives to Philadelphia.

When I saw him, his hand was encased in a clumsy poultice, on removing which I found the wound partly filled by friable granulations. On examination with a probe and my little finger, I could plainly feel the capsular ligament, which appeared uninjured; the ulnar artery was also found to be intact; the motions of the wrist-joint were still free. His temperature was 103°; his skin clammy and leaking; tongue foul and coated; respiration hurried; pulse rapid and weak; mind clouded, with a marked tendency toward muttering delirium; his urine was found, on examination next day, to be loaded with albumen. The entire hand and lower forearm were covered with a fiery red blush; the hand was much swollen and puffy. I at once enveloped the entire hand and forearm in a dressing of laudanum and water, equal parts, and placed it upon a forearm-splint. I put him upon two grains of sulphate of quinine every two hours, night and day, each dose to be followed by a half ounce of whiskey in an ounce of milk—which was increased to three ounces of milk as soon as the stomach was found to bear well the first few doses. I also ordered him to be sponged daily with a solution of alum in alcohol and water.

For seven days after the adoption of the above treatment he grew steadily better, with less sweating, a stronger pulse and respiration, a lower temperature, and his mind was clear. On the evening of the seventh day, his temperature rose rapidly to 103°, and continued to rise, with slight morning remissions, until it reached 104⅓° on the evening of the tenth day. I then found a small abscess forming over the first and second metacarpal bones, which I at once opened by a free incision—permitting the escape of about half an ounce of creamy pus. He immediately improved, but shortly after commenced to have marked night-sweats, with great pain in the hand and forearm, requiring the frequent administration of hypodermic injections of morphia sulphate, to secure rest at night. About a week after the formation of the first abscess, I opened another, situated between the thumb and index finger, by a deep incision, giving vent to a thin glairy pus. This, however, produced but a slight remission of the symptoms, and he rapidly fell into a semi-typhoid state. A few days after the opening of the second abscess, Professor C. B. Nancrede saw him in consultation with me. The following conditions now obtained: Careful manipulation gave a slight sensation of grating, showing the presence of eroded bone; examination with a probe showed extensive destruction and separation of tissues, the hand being little more than a bag of bones; the wrist-joint was stiff, and gave distinct crepitus on motion. The original wound was covered by exuberant granulations. General condition markedly septic and typhoid. A counter-opening was now made on the radial side of the wrist, a grooved director being passed through my incision over the second metacarpal, which had been kept freely open, directly through the opening. The pulsation of the bared artery (radial) could be plainly felt under the director. Upon suggestion of Dr. Nancrede, the hand was now enveloped in dressings of hydrarg. bichloride, one part to 2000 of boiled water, and three-drop doses of tincture ferri-chloridi were given every two hours, in addition to the treat-

ment already adopted. This caused a slight amelioration in the symptoms. Thorough drainage was maintained by the use of drainage-threads of ligature silk, and all the openings were carefully syringed twice daily with the hydrarg. solution. The quinine and whiskey were continued, together with hot broths and concentrated foods of all kinds. His average morning temperature was now 101½°, his evening rise from one degree to two and a quarter degrees; pulse always rapid and feeble —from 98 to 117; respiration hurried, mind clear; took food willingly; had occasional fits of restlessness and pain, requiring hypodermics of morphia; some night-sweats; a trace of albumen constantly found in urine, but no casts could be found at any time. For two weeks this state of things continued with but little change for better or worse. Then commenced a train of markedly septic symptoms; lungs frequently congested; some cough; marked night-sweats; hurried pulse and respiration; furred and heavily coated tongue; intense pain in hand; urine loaded with albumen; occasional, though rare, chills. Some fourteen days after the first consultation, his temperature began to rise steadily until it reached 105° on the sixteenth day after our first consultation, and he now failed so rapidly that I feared speedy death from exhaustion.

On the evening of the sixteenth day I discovered a deep-seated abscess over the distal ends of the ulna and radius. The same evening I again saw him with Dr. Nancrede, when the following operation was performed: Dr. Nancrede made a free incision over the abscess and dissected down on a director until the joint was reached, the latter was opened, and about half an ounce of pus allowed to escape from it.

On examination with the probe and finger, the articular surfaces of the inferior radio-ulnar joint were found to be deeply eroded. The bones of the proximal row of the carpus and the articular surface of the radius were also found to be softened and partially denuded of cartilage. A director was pushed through the radio-carpal joint until it could be felt under the skin on the dorsal aspect of the wrist, where a free counter-opening was made down upon it. The wound was now thoroughly syringed with the hydrarg. solution and a stream of the latter forced through the radio-carpal joint, moderately forcible extension being made to facilitate the passage of the solution. The hand was now most carefully cleansed with the antiseptic solution, and antiseptic irrigation was used, the hand and forearm simply resting on a bed of raw cotton, covered by lint kept constantly soaked with bichloride solution; the amount of whiskey he had been taking steadily since I first saw him was increased, and the dose of quinine raised to 28 grains per diem. The night of the operation he suffered intense pain in the hand, requiring two hypodermic injections of morphia, each of ¼ grain, to produce quiet.

With the exception of one more small abscess on the dorsal aspect of the hand, which I opened, and its attendant symptoms, and a troublesome pressure-sore on his elbow, he now steadily improved. It having been found absolutely necessary to open the sheath of a tendon—palmaris longis?—in opening the joint, some slight trouble occurred from hernia of the tendon, it occasionally extruding to the extent of nearly two centimeters; it was carefully returned at each of the two daily dressings, and attempts made to keep it in place by a compress lightly applied. It perfectly returned to its normal position as the wound closed. A large amount of bloody synovia could be pressed from the sheath of this tendon at each dressing. In ten days he was able to sit up for a short time, and the doses of both quinine and whiskey were now lessened. After some weeks of treatment with the bichloride solution, he exhibited marked mild mercurial poisoning, and carbolic-acid solution, 1 part pure crystals to 45 of boiled water, was substituted. In three weeks the arm was put upon a wooden forearm-splint, still enveloped in wet carbolic-acid dressings, and he was able to move about his room. About a week later he went down-stairs for the first time. The quinine and alcohol were now reduced to tonic doses. The wounds were now completely blocked with healthy granulations and therefore the wet carbolic-acid dressings were discontinued, the wounds being dressed with carbolized cosmoline—1 to 40 pure crystals—and later with oxide of zinc ointment. Passive motion was now made for some minutes, night and morning. After some three weeks of this treatment, thirteen weeks after receiving the injury, he was able to leave the house for a short walk; and fifteen weeks after the accident he was able to go about and attend to his affairs almost as usual, wearing his arm on an accurately

moulded splint of binder's board, with the wounds entirely healed.

I now saw him but three or four times weekly, and at each visit thorough friction with alcohol on a handful of raw cotton, thorough massage, and passive motion of the entire arm were practised. The elbow was now exceedingly stiff, the shoulder-joint equally so, the wrist anchylosed, thumb almost rigid, only slight motion of the fingers. The binder's-board splint was now soon abandoned and he was instructed to make constant efforts to move all the joints of his arm, forearm, and hand. I saw him weekly and made strong passive motion of all the stiffened joints at each visit.

At present, six months after the accident, his condition is as follows: weight, 185 pounds —being a gain of 26 pounds in about nine weeks—general health good; some neuralgic pain in injured hand occasionally; shoulder slightly stiff, deltoid muscle unable to lift it to normal height. Elbow stiff, but the hand can be brought directly back to within eight inches of the shoulder—which, the wrist-joint being anchylosed, is almost normal. The forearm cannot be pronated nor supinated, save to a very slight extent. The wrist-joint, as a whole, has a slight degree of extension and flexion. The fingers have more than three-fourths normal flexion and extension, and that quite free. The thumb has its free movements, and is but very slightly stiffened. He writes, with the injured member, a very fair hand, and can continue its efforts long enough to write four pages of "legal cap" without rest. The hand can also be rapidly used for all ordinary purposes not requiring much strength. He feels changes of the weather badly in the entire right arm, but apart from this, the occasional neuralgia and a feeling of weakness and tenderness in the member, uses it as freely as the other uninjured hand.

In conclusion, I would again reiterate that free incision, drainage and rest, combined with antiseptic treatment in its broadest sense, will, when judiciously followed by persistent passive movement and massage, often save not only life and limb, but an excellent joint, such as I show you in these two cases to-night.

DR. S. ARMER (Ther. Gaz.) in obstinate sycosis uses oleate of copper in a 20 per cent. ointment.

DOUBLE INGUINAL HERNIA IN A MALE INFANT

THIRTY-EIGHT DAYS' OLD—STRANGULATION ON THE LEFT SIDE—HERNIOTOMY.

BY L. W. STEINBACH, M.D.,
Adjunct Professor of Anatomy and Surgery in the Philadelphia Polyclinic.

[Read before the Philadelphia County Medical Society, November 19, 1884.]

THE subject of my remarks, a male infant, was born on September 2, of the present year, at the beginning of the ninth month of utero-gestation. During six weeks preceding labor the mother was confined to her bed or room on account of hemorrhages, due to partial placenta prævia. The infant was feeble and bore evidence of premature birth by its general debility, rather than by any specific sign of incomplete development. I estimated its weight at about five pounds. Within two days the child became jaundiced, but his condition otherwise, as well as that of the mother, was sufficiently favorable for me to cease paying regular visits after the tenth day.

On the morning of October 11 the father called and requested me to see the child, because it had been unusually restless during the night, and because the mother had noticed a swelling in the groin the previous evening.

Thinking that this swelling, as described to me by the father, might be a rupture, I visited the child without delay, and on rapid inspection found a deeply jaundiced little patient, not markedly increased in size since birth, with a tumor in each inguinal region, so that the pubic region resembled a mons veneris, with the adipose tissue well developed. As this, however, was not likely to be the case in so poorly nourished an infant, I continued my examination by manual palpation, and felt on each side a firm swelling, which reached up to the respective external inguinal ring, and extended obliquely downward and inward into the scrotum to the extent of more than two inches. The tumors were hard, and only slightly elastic, but in neither one could I locate the testicle or separate it from the rest of the tumor.

It will appear that the diagnosis must have been easily arrived at, because there are but few pathological conditions likely to be found in an infant that would resemble this, other than hernia, or perhaps hydrocele. Yet, fearing to exert pressure upon such tender struc-

tures in order to satisfactorily outline the testicles, I entertained some doubt whether I was really dealing with a case of double inguinal hernia, for which there existed the speculative causes of congenital debility, a patulous canal, and above these an impediment to the easy evacuation of the bladder in the existence of phymosis.

I informed the parents that I believed the child to be suffering with a double hernia, and that I would make an attempt to reduce it.

The amount of manipulation which I considered to be safe, not having lessened the size of either tumor, and there being no urgent symptoms, I left, with the promise to return towards evening of the same day, with instructions to the mother to note carefully whether the child urinated, or had a fecal evacuation. At my evening visit I learned that the child had had no passage since the preceding day, that it passed but a small amount of urine, and was disinclined to nurse. I now renewed my attempts at reduction, and succeeded in returning the protrusion on the right side into the abdominal cavity, the testicle remaining in the scrotum. Only at this juncture did I become positive of my diagnosis. My exertions to reduce the tumor on the left side proved unavailing. In order to ascertain whether I could induce an evacuation of the bowels without endangering the child's condition, I inserted a small cone of soap into the rectum; this met with prompt response from that organ, and together with the soap a small amount of inspissated mucus, intermixed with, or rather discolored by, fecal matter, was expelled. This convinced me that a constriction existed somewhere in the intestinal tract. Placing a small compress over the right external inguinal ring, and securing it by a bandage, in order, if possible, to prevent a recurrence of hernia on that side; by straining in the act of micturition, I left my patient.

In the morning, and again towards evening of the following day, attempts made at taxis were unsuccessful. Constipation, scanty urination, and refusal to take the breast continued until the third day, when I consulted with Dr. John B. Roberts, who concurred in the diagnosis of strangulated hernia.

After some manipulation, which somewhat reduced the tumor in size, and seemed to relieve the symptoms, it was agreed to postpone operative procedure until more urgently required. Towards evening of the same day, the vomiting which had existed before became more pronounced, and the copiously-emitted substance, in its consistency, color, and odor, resembled fecal matter.

About noon of October 14, and therefore the fifth day after the symptoms of hernia were first noticed, and when the child was just six weeks old, an anæsthetic (ether) was administered; and the last, but unsuccessful attempt at reduction having been made, I proceeded, with the material aid of Drs. Roberts, O'Hara, and other gentlemen, to perform herniotomy.

Making an extensive incision through the tegumentary structures and subsequently dividing two additional layers of investment to the hernia, a sac was reached which was hard to the touch and distended by fluid contents. A puncture of this sac and evacuation of its serosanguinolent contents by means of a hypodermic syringe caused its partial collapse, and a trial was made to return the protrusion into the abdominal cavity. This attempt proving ineffectual, the hernial sac was incised. This laid open to view a coil of small intestine of a purplish red hue, and below it the testicle and the epididymis. The last peritoneal investment was the tunica vaginalis testis, and consequently formed the true hernial sac.

Even now an obstacle to the return of the intestine presented itself at the constricted neck of the sac. The tender age of the patient and the delicate and small structures involved, necessitated the employment of the ophthalmic surgeon's canaliculus knife, in place of a Cooper's hernia bistoury, whilst a small grooved director served the purpose of a hernia director until an incision enlarged the opening to a sufficient extent to permit of the insertion of Levis's hernia director. The hernia was of the oblique variety, and after extensive enlargement of the external inguinal ring over Levis's director, the intestine was returned into the abdominal cavity.

The interrupted wire suture was now employed, the first and second stitches, penetrating all structures from without into the abdominal cavity, approximated the edges of the external abdominal ring. A strip of rubber tubing was inserted to favor drainage. The loss of blood was insignificant in amount. Antiseptic precautions were observed, by using a solution of corrosive sublimate for the hands, sponges, and towels, whilst the instruments were kept im-

mersed in carbolized water. An existing phymosis, which was regarded a factor in the production of the hernia, was corrected at the same time.

A few hours after the operation, the child had a normal passage; the urine which was voided contained a dark green sediment, which remained as stains on the napkin. The child took the breast readily, and appeared in no way to be disturbed by the operation. Primary union took place throughout the extent of the wound, and the drainage-tube was removed on the third day, after which the small orifice thus left also closed. No symptoms of peritonitis, or inflammation elsewhere, appeared; the pulse was better than before the herniotomy; the excretions continued regular, and everything gave promise of a favorable result except that the babe did not gain strength, and the jaundice became rather more pronounced. On the fifth day after the operation the child died, and I have good reason to believe the cause of death lay elsewhere than in the hernia.

Not the rarity of the affection induces me to present this case to your attention, but rather my belief in the propriety of performing the operation even in so young an infant. I am not conversant with the literature of the subject, and do not know whether a few or many cases are recorded, but my observations of this one case causes me to make the deduction that the operation should be performed unhesitatingly whenever indications for it exist; and I believe that the more rapid reparative process existing in infancy gives an even more favorable prognosis than the same operation performed on the adult.

ELEGANCE IN PHARMACY,

AND THE ADMINISTRATION OF MEDICINE.

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ORANGE, N. J.

MUCH attention is now directed to the agreeable administration of medicine. An experienced physician, looking back upon the personal testings of the value of various forms of medicine, and seeing where definite proof has been found that combinations are both efficient and agreeable, formulates decisions as to prescribing, which, originating thus, are not apt to be easily set aside or supplanted by miscellaneous opinions. Hence the discussion of this subject by the writer.

The young practitioner, with his characteristic impetuosity after results, may be apt to overlook the matter of elegance in pharmacy. But should this be the correct position of the old and young practitioners? Knowing how acceptable an article on the above subject would have been to the writer, upon leaving college, his remarks will perhaps be read with interest by the "raw recruits" to the ranks of the "noblest profession."

Times change and medicine also changes. The era which gave birth to polypharmacy was characterized by a method of dosing which, if followed by the young practitioner of to-day, would send most of his patients to his competitor across the street, or the neighboring homœopath around the corner. The best practitioner is no longer the one who gives the largest quantities of the most disgusting medicine in the largest doses. That man is most worthy of the name of physician whose skill is so great that he can give the few remedies of his armamentarium in such a manner that the desired effect is produced with the slightest offence.

All physicians cannot be chemists; yet it would be well if the rank and file had more strength than weakness in this quarter. And since the subject of elegance in prescribing is too important to be entirely neglected, we will in this paper devote some attention to the best ways of securing efficient, convenient, and agreeable forms of medicine. We accordingly divide our subject into the following headings:

Adjuvants.—By a proper selection of adjuvants, the power of the base can be greatly exalted. Examples—the addition of saccharatum to hydrargyri sulphas fluva; emulsifying agents to various oils; combining potassi sulphas with cannabis indica, which renders this unreliable drug more definite in its action; and the multitude of cathartic combinations.

Active Principles.—The advantage of the active principles or alkaloids are, first, the size of the doses may be greatly diminished; second, the medicine may be given in a least disagreeable form; third, greater certainty of action is secured.

Avoidance of Incompatibles.—No preparation can be termed elegant if injurious incompatibility is present. Incompatibles have been classed as, first, unsightly, disagreeable, and noxious medicines; second, mixtures whose compound parts undergo, at once or in a short

time, a chemical change; third, remedies of an antagonistic therapeutical effect, *e. g.*, explosive compositions are formed when are added, first, glucosides, creasote, or vegetable extracts to nitrate of silver; second, chromic acid to alcohol; third, powdered sulphur or tannin to chlorate of potash, etc.

Collodions.—Peculiarly efficient for external medication, capsicum, cantharides, corrosive sublimate (for ringworm), aconite, veratrin, atropia, tannin, chloride of iron, carbolic acid, etc., make elegant and efficient applications with collodion.

Confections.—Most useful in giving certain medicines to children.

Combinations.—A most important advantage of combining remedies is that one dose may be given to meet different indications. But the object of combinations can be defeated by abuse. Huxham wrote prescriptions ordering hundreds of drugs for one preparation or dose! Combinations also often produce an effect not given by any single substance. Dovers' powder has been used as an example.

Compressed Powders. — These may be termed differentiated pills. They have some advantages over the latter, in that they are made by dry compression and are free from coatings, are very soluble and diffusible, are said to be more easily swallowed by reason of their flatness, and substances which would be too bulky when made into a pill, may thus be compressed into a small tablet.

Correctives.—The aromatic group of drugs and their preparations are much used as correctives. By their use harsh action is avoided or rendered less disagreeable, the physiological and therapeutic effect is modified, and the removal of physical properties which are unpleasant to the eye or palate is secured.

Elixirs.—Simple elixir (elixir aurantii) is generally the foundation of all elixirs. The number may be multiplied indefinitely by the extemporaneous prescribing of the physician.

Effervescent Preparations.—These generally contain sodium or potassium bicarbonates, and citric or tartaric acid as the effervescent basis. When not too old or saturated with moisture, they are elegant, eligible, and efficient preparations. Many drugs may be given in this form, *e. g.*, caffein, lithia, magnesia, potassium, oxalate of cerium, pepsin, bismuth, strychnine, bromides, iodide of potash, preparations of iron, quinine, phosphorus, etc. Their advantages are, first, they are agreeable; second, they afford a means of giving medicine when otherwise it would not be borne by the stomach. For example, iron during pregnancy, when the stomach is excessively irritable and the drug is strongly indicated. They are somewhat expensive as now sold, but this objection may be partly removed by extemporaneously writing one's own formulæ. A rule that must not be too closely followed, is to use ten parts bicarbonate of soda and nine parts of acid (citric or tartaric) to one part of the drug administered. These may be well mixed, and the granulated appearance given to the whole by slightly moistening with strong alcohol and slowly drying. These preparations may then be put up in powders, or they may be made to keep longer in bottles. The prescribed dose, when added to a certain amount of water, makes an agreeable effervescent drink, the citrate of soda or potassa resulting, which is chiefly laxative in its nature, and is in most cases beneficial; care being exercised that not more than two teaspoonfuls of the powder is used per dose. Safety against change can be obtained by making two powders and adding the required amount of one to the other in a half glass of water p. r. n.

Emulsions.—An oil exhibited in a form of minute subdivision has been proven to be more easily taken into the circulation than in its crude state. Milk, the emulsion of nature, owes its facility of digestion to this condition. Cod-liver oil is thus digested when otherwise it would cause gastric disturbances, especially since many of these emulsions are made with comparatively few of the disagreeable properties which have made this oil almost as celebrated as its unique therapeutic effect. Other oils may also be given thus, and various medicines incorporated therein.

Enema, Suppositories, etc.—The administration of medicine by enema is of service when it is desirable not to disturb the stomach, or when the absorption of the medicament by this means is more efficient; also when the local effect of the remedy upon the intestines or neighboring parts is required. Thus opium by suppository is attended and followed by fewer disturbances than by the stomach, and there is less likelihood of causing the opium habit. It would be highly inelegant to give a vermifuge or vermicide dose by the mouth when the seat of the trouble is only in the rectum. Certain

female complaints can be most benefited by local application to the vagina or uterus.

Gelatine Vehicles.—There are a number of these and they are of great service to the one who aims at elegance. Regarding gelatine bougies, Dr. C. L. Mitchell, of Philadelphia, thus sums up their advantages: first, local remedies are easily introduced, thus causing no pain or inconvenience; second, they occupy but very little space, and can be carried in the pocket of the patient, thus avoiding the "tell-tale" appearance of bottles and syringes; third, a thorough and prolonged action of the remedy is produced; fourth, the formation of stricture is prevented, as the bougie acts as a tampon, separating the walls of the urethra and preventing adhesions; and fifth, a great variety of medicaments may be incorporated.

[To be continued.]

THERAPEUTIC NOTES.

Professor Gross highly recommends the following combination in all cases of inflammation of the sthenic type:—

℞. Liquor potassii citratis *vel.*
Liquor ammonii acetates . ℥ss.
Spiritus ætheris nitrosi . ℥j.
Tinctura aconiti radicis . ♏ij.
Morphia sulph. . . gr. ⅛.

M. Sig.—For one dose, to be repeated every four or six hours as necessary.

If, as often happens, the tongue continues coated, and bad taste in the mouth with nausea, biliousness and constipation remain, then the best remedy will be—

℞. Hydrargyri chlor. mite . gr. iij.
Capsicum . . . . gr. ss.

To be followed in eight or ten hours by a saline.

If, however, the irritability of the stomach be excessive and the inflammation high, so that large doses will not be retained, give hydrargyri chlor. mite, gr. ⅙, with sodii bi-carb. every half hour until the nausea and vomiting cease, and then in a few hours administer a saline.

A laxative should be administered the night before all surgical operations, to clear out the alimentary tract and facilitate the absorption of any medicines that may be needed afterwards. For this purpose Professor Gross frequently orders—

℞. Ol. ricini . . . . ℥ss.
Tinct. opii deod. . . gtts. x.

If, for any reason, a stronger action be desired, the following pill will generally secure three or four soft evacuations:—

℞. Rhei . . . . . gr. ij.
Aloini . . . . gr. ⅕.
Podophyllin . . . gr. ⅙.

M. Ft. pilula.

At other times decided catharsis may be demanded, as in meningitis, cerebritis, etc., where the most happy results can be obtained from a free depletion of the blood through the intestinal canal. In these cases Professor Gross recommends large doses of salines—magnesii sulphatis, ℥j; or Rochelle salts, ℥j; or infus. sennæ comp., ℥iv.

Professor Da Costa gives the following general rules for the treatment of fevers:—

1. Reduce the temperature. The cold bath will do this most rapidly and certainly, but it is troublesome, and not altogether free from danger, and should, therefore, only be used as a last resort. Quinine in full doses is safer, and may usually be relied upon. It should not, however, be repeated too often, as it may produce alarming cerebral symptoms, with diarrhœa and general perturbation.

2. Lessen the rapidity of the circulation. Aconite is the best remedy here, especially if the pulse is full and frequent, but if the circulation is weak, digitalis will act better. Professor Da Costa does not, however, often give either. He prefers to endeavor to reduce the temperature, and so indirectly to control the circulation.

3. Keep up the secretions. Remove the waste of the tissues by diuretics, diaphoretics, and laxatives.

4. Nourish the patient. "Don't starve a fever." Give milk, beef-juice, and other light nutritious food in small quantities, but at frequent intervals. Give the patient plenty of fluids also. Slightly acidulated drinks will be found to be both grateful and beneficial.

Professor Da Costa's experience has been that typhoid fever patients do better, as a rule, on the dilute nitro-muriatic acid treatment than on any other of the many that have been proposed. It controls the diarrhœa to some extent and aids digestion. He generally orders twenty drops of it to be taken every four hours in water or syrup. The circulation is to be sustained at the same time, and the heart's action steadied by the administration of qui-

nine in tonic doses—gr. vi–x daily; or, better still, by alcohol in small and frequently repeated doses. If the discharges from the bowels exceed three a day, or if they are excessive in quantity they must be lessened by opium or opium and bismuth; or if the stomach be irritable, by opium and carbolic acid or carbolic acid and bismuth. If these remedies prove unavailing, a combination of nitrate of silver or sulphate of copper with opium, will usually be found effective.

For the tympanites, Professor Da Costa recommends cold water applications to the abdomen, injections of vinegar and water, or turpentine stupes externally, combined with the internal administration of ol. terebinthæ gtts. v–x, and morphia sulph., gr. ¼, 8 every two or three hours. The latter plan will be especially valuable if the tympanites co-exist with a dry, glazed, and fissured tongue. The very high temperature that sometimes develops can be most safely and efficiently lowered by either the cold bath or by ice-water cloths on the abdomen.

The other complications are to be treated as they arise.

Professor Bartholow says that in acute rheumatism, as a general rule, subjects of the flabby obese type will be best treated by the alkaline plan, and the thin anæmic subjects by the administration of tincture of the chloride of iron. Muscular robust patients, on the other hand, will usually be more successfully treated by the application of a number of small blisters around the affected joints. Blisters may also be used with benefit in all cases when a relapse occurs, or when the joints remain swollen after the acute attack has subsided.

A PALE, thin, delicate, overworked girl, who had been taking oil of pennyroyal in vain for scanty and irregular menstruation, appeared before the class last month. Professor Parvin, in speaking about her case, said that no mistake was more common than that of trying to remedy the amenorrhœa of anæmic patients by uterine and ovarian stimulants. This girl did not menstruate freely and regularly, simply because there was not blood enough in her system for the full performance of that function. The proper treatment for her and similar patients would be rest in bed, massage, plenty of nutritious food, and the administration of iron and other tonics. Then with the improvement in general health the amenorrhœa will disappear, either spontaneously, or under the action of a few pills of turpentine, aloes, and iron.

DIGESTIVE CHOLALOGUE.

Dr. Q. C. Smith (N. E. Med. Mo.) gives

℞. Manganese sulph.,
Ammon mur. . . . āā ʒij.
Ext. ipecac., fld. . . gtt. xx.
Glycerin . . . . fʒj.
Aquæ . . . . fʒiv.

Dose. Teaspoonful after meals.

INCONTINENCE OF URINE.

Dr. Roche gives tincture of cantharides to children for incontinence of the urine. He claims good results in doses of five drops three times a day.—*Lancet.*

COUGH MIXTURES.

A favorite formula (Br. Med. Jour.) is

℞. Morph. acet. . . . gr. iss.
Acid nitric, dil. . . fʒiss.
Mel. scillæ . . . fʒvj.
Mucil. acæ . . . fʒijss.
Glycerine . . . fʒij.
Syr. papav. rub. . . fʒij.
Aq. cinnam. q. s. æt . fʒvj.

Dose. One or two teaspoonfuls five, six, or seven times in twenty four hours. This is good also for pertussis.

Dr. E. P. Richards (N. E. Med. Monthly) gives

℞. Syr. scillæ
Syr. tolu
Syr. pruni virg.
Tr. opii camph. . . . āā fʒj.
Syr. ipecac. . . . fʒj.
Ammon. mur. . . . ʒj.

Dose. One teaspoonful every three or four hours.

CHLORAL IN CHOREA.

Dr. Mosler relates a case of very severe general chorea in a girl eighteen years old, in which a speedy cure was obtained by chloral. After morphine and arsenic had been given for two weeks without effect, chloral was exhibited in thirty-grain doses, at first four times, then twice, and finally once a day. On the very first day the patient slept soundly, and at the end of a week the choreic movements had ceased entirely. It is worthy of note that the onset of the chorea was preceded by the toothache, a circumstance which has been remarked by other observers.—*Norsk Magazin for Loegevieden.*

Witch Hazel as a Hæmostatic.

Dr. W. O. Bridges (Therap. Gaz.) urges the value of witch hazel as a hæmostatic. In cases of bleeding piles, menorrhagia, and bloody oozing from the uterus, he gives two drops of the fluid extract hourly. It has also been recommended for pulmonary hemorrhages, hematemesis, and varicocele.

Brassicon,

A mixture much in use in the province of Kief for headache, is compounded of

Oil of peppermint . .	30 grs.
Oil mustard volatile . .	6 drops.
Camphor	10 grs.
Ether	1 dm.
Alcohol, 90 per cent. . .	3 dms.
Tincture of balm . .	q. s. to color.

—*Druggists' Circular.*

Chloral Hydrate in Diphtheria and Croup.

Dr. C. B. Galentin, in diphtheria and croup, applies, by means of a camel's-hair brush, a 25 to 50 per cent. solution of chloral hydrate two or three times a day. He also gives it internally, and regards it as having specific power against the diphtheritic virus, as well as a prophylactic. It acts best when a moderate hypnotic effect is obtained. When the nose is affected, inject freely weak soap suds two or three times daily, followed by a solution (3 to 15 per cent.) of chloral. For the larynx, a dilute spray of chloral, or the vapor of lime and chloral, obtained by slacking a pound of lime in a coffee pot and pouring on it a pint of water in which is dissolved a drachm of chloral. Repeat this every hour for ten or fifteen minutes.—*St. Louis Cour. of Med.*

Infant Feeding.

Dr. A. D. Blackader (Can. Med. and Surg. Jour.) asks for good working formulæ of foods for infants.

He gives his own, in use at the dispensary, as follows:—

℞. Three tablespoonfuls of fresh milk, not boiled.
One tablespoonful of cream.
Two tablespoonfuls of lime water.
Four tablespoonfuls of barley water or thin gruel.
One teaspoonful of sugar of milk, and a minute quantity of salt.

He objects to the use of the many proprietary preparations, especially such as may be termed milk foods, but adds, "of those prepared from Liebig's formula, Mellin's is undoubtedly the best; and I have occasionally prescribed it with good results."

Gaultheria in Rheumatism.

Dr. B. H. Seelye (N. Y. Med. Jour.) presents an analysis of one hundred and eighteen cases of rheumatism treated with the oil of gaultheria. It was administered in capsules alone, or with salicylate of sodium in soda water as a flavoring. He used an emulsion of ten minims of the oil to half a drachm each of glycerine and water. When the inflammation of the joint was extensive two drachms of this mixture were given every two hours during the day, and every three hours during the night. Generally within twelve hours great relief would ensue, and by the end of twenty-four hours the pain and swelling had left the joints almost entirely. Generally, tinnitus aurium and deafness, with headache and fullness of the head, would ensue, when the dose was diminished to one drachm every three or four hours. If the evil effects of the medicine became more marked, there was loathing of the drug, nausea, and vomiting added to the above-named symptoms. Then the drug was withdrawn, or the dose greatly reduced, when these symptoms soon disappeared. To prevent relapses, he kept the patient in bed, on small doses, until two or three days after all symptoms of the disease had disappeared, and then gave tonics. Not only is this valuable in acute cases, but even in chronic cases it diminishes the severity of the suffering and often effects a radical cure.

Unusual Effects of Ergot.

Dr. Faulkner (N. Y. Med. Jour.) reports a case in which a healthy woman, aged 25 years, miscarried April 7th. The after hemorrhage continuing, 20 drops fl. ext. ergot was ordered three times a day on May 20th. May 24th no perceptible effects being observed, teaspoonful doses three times a day were directed, the first dose taken in the evening. On the following morning the patient's forearms, hands, legs, and feet were red and swollen, the lower limbs sore, tender, and heavy. The patient was nervous, restless, cold and sleepy. There were pricking sensations in the limbs. On the following morning these peculiar symptoms had passed off, but soon returned after taking another dose of ergot.

Emetics.

Professor Gross thinks that the good effects to be obtained from the judicious use of emetics are not sufficiently appreciated. Of course, the existence of an inflammation below the diaphragm, or of a large wound, or a serious injury, will forbid their employment. In other cases, though, of the sthenic type, where the tongue is parched and coated, and the skin is dry, hot, and prurient, they will often act like a charm. The stomach is relieved of a mass of offensive material, free perspiration follows, and the pain and discomfort are at once removed. For this purpose give mustard ℥ss, sodii chloridi ℥j, in a tumbler of warm water, or zinci sulphatis gr. xx. If, however, it be desired to stimulate the intestinal glands as well as the skin, give twenty grains of powdered ipecacuanha, or two grains of tartar emetic.

Cancer of the Genital Organs.

With reference to the local treatment of cancer of the generative organs Professor Parvin says that after getting rid of as much of the diseased mass as possible by the knife and curette, the following application will give very satisfactory, though only temporary results:—

℞. Bromine . . . . . ℥j.
Iodine . . . . . ℥j.
Carbolic acid crystals . . ℥iv.
Alcohol . . . . . ℥j.

Diuretics.

Professor Gross considers pure water to be the best of all diuretics for fever patients. It will generally be found more agreeable and refreshing if given in the form of lemonade, to which a little acetate or bi-carbonate of potassium has been added.

In cases where the circulation is feeble, and a heart tonic, as well as a diuretic, is demanded, no better preparation can be administered than infusion of digitalis in from two- to four-drachm doses, several times daily, or citrate of caffeine in five-grain doses.

If, however, the pulse be full and strong, and a general sedative, diaphoretic, and laxative, as well as diuretic, effect be desired, Professor Gross recommends—

℞. Magnesia sulphatis . . ʒij.
Antimonii et potassii tart. . gr. $\frac{1}{10}$
Morphia sulphatis . . gr. $\frac{1}{16}$
Tinct. aconitii radicis . . ♏j.
Aqua . . . . . ℥ss.

M. Sig. For one dose, to be repeated as may be necessary.

Erysipelas.

Professor Da Costa's new method of treating erysipelas by the hypodermic injection of pylocarpin, which was reported in our last issue, has since been carried out at the Pennsylvania Hospital with uniformly good results. Some of the patients exhibited a greater resisting power to the influence of the remedy than others, and required a second or third dose before its effects were manifested. In every case, however, the inflammation subsided as soon as free perspiration was induced.

Chronic Malaria.

A marked case of chronic malaria with tertian outbreaks was shown at the Jefferson Hospital clinic a few days ago. The patient, a man æt. 26., had malarial trouble for a year or more. He had chills and fever at various times during the past month, two severe paroxysms within three days before coming to the clinic, and feared another one on the following day. He, in addition, complained of suffering from aching of the limbs, and a feeling of general discomfort. His heart was slow and somewhat irregular in action, his bowels were constipated, and the splenic dulness enlarged. After reviewing the general features of the case, Professor Da Costa told the class that the indications here were, 1. Prevent the anticipated paroxysm; 2. Get rid of the cachexia. With these ends in view, the patient was directed to take two compound cathartic pills at once, and four grains of quinine four hours afterwards; then eight grains of quinine early in the following morning, and eight more at eleven o'clock on the same day. He was also directed to take four grains of quinine every morning for a month, doubling the dose every seventh day from the advent of the chill. In addition he was ordered—

℞. Liquor potassii arsenitis . ♏iij.
Tinct. nucis vomica . . ♏vij.
Tinct. cinchonæ comp. . . ʒj.

M. Sig. For one dose, to be taken three times daily.

Capillary Bronchitis.

Professor Bartholow states that acute and capillary bronchitis will often be relieved by tartar emetic and opium, if the stomach is not in too irritable a condition.

Now is the time to subscribe for The Medical Bulletin for 1885.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y., Publisher.
A. L. HUMMEL, M.D., Business Manager.

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INJURIOUS ADVERTISEMENT.

IS it not time to call a halt? We are led to this remark by noticing an esteemed periodical for "Boys and Girls," which presents, in its advertising columns, pages extolling the values of certain remedies. Now, such a journal is supposed to go almost entirely into the hands of children, and is such advertising matter exactly the right thing to place before their immature minds?

Years ago the Public Ledger of this city determined to refuse to admit to its columns all advertisements of a certain character, as not being fit for the general public to read. This was a move in the right direction, and the immense circulation of that excellent paper shows the advantage that has followed such a course. As the average newspaper reader scans the columns of his favorite paper, the mind is led to dwell upon the nostrums,—cures for every ill under the sun. The symptoms are closely followed, and can we wonder that the ready imagination jumps to the conclusion that such a disease as there described is gnawing at the vitals, and that the remedy so highly lauded must be procured without delay, in order that life may be saved.

Nor, with the numerous certificates so freely presented, can we equally fail to understand why so much money and valuable time is spent upon articles which, to say the least, are useless, if not harmful.

It is a singular fact that in very many instances people who really are, or perhaps imagine themselves, ill, consult the editor of a daily newspaper rather than a physician. Perhaps one cause of this may be the desire to save money in the shape of a fee. Yet such people, on a moment's reflection, would see that they could as cheaply and more easily obtain skilled advice at the nearest dispensary. No city in America seems to be better supplied with establishments where medication is made easy.

In looking over the edition of Dr. Atkinson's Medical Register and Directory for 1884–85, just received, we find dispensaries, hospitals, homes, and a host of similar places, which would seem to provide for every one, of every creed, color, and nationality, in Philadelphia.

NEW YORK STATE MEDICAL ASSOCIATION.

WE are glad to congratulate our friends in New York upon the great success which has attended the inauguration of their organization. We are glad also to chronicle the fact that the State Medical Society of Pennsylvania was well represented on that occasion. Dr. Henry H. Smith, late president of our State body, was present, and was ably sustained by such gentlemen as Drs. William H. Pancoast, Samuel W. Gross, John H. Packard, William B. Atkinson, and others of equal merit.

Once more at the sessions of the American Medical Association will the great State of New York be represented. If we may judge by the large attendance, the calibre of those present, and the number and value of the papers presented, we may regard the new Association as an assured success, having sprung ready armed into existence.

NATIONAL BOARD OF HEALTH.

LET Congress at once proceed to reorganize our National Board of Health. Give it power and money sufficient fully to carry out the measures that its members, in their united deliberations, may determine to be necessary to put our whole country into a position of armed defense, as it were, against the inroads of cholera, or any other epidemic which may threaten us. Let our national legislators remember what may be the cost to the whole country, the individual cost it may be in cer-

tain instances, if such an invasion occurs as that from which parts of Europe have been and still are suffering.

Perhaps it would be well if these gentlemen, who are supposed to have been selected for their high positions from a belief in their wisdom and far-sightedness, were brought to a face-to-face view of the consequences of allowing preventable diseases to flourish in our midst. On one occasion the writer was pleading for the establishment of a Board of Health for a certain community. He was viewed askance, as one "after the spoils," but when he spoke of the possibility of preventing by such means the ravages of scarlatina, of diphtheria, of spinal meningitis, a more careful and respectful attention was granted him.

In this connection we would commend to Congress, and to all, the views of Dr. John H. Rauch, the able secretary of the State Board of Health of Illinois. These were set forth in a paper read by him at the recent Sanitary Conference, held in St. Louis.

After the many failures of the committee of our State Medical Society to obtain from our own Legislature a Board of Health for the State, we feel that it is almost useless to hope for such legislation until there is a thorough and radical change in the body of men who biennially assemble at Harrisburg. Perhaps, under the stimulus of the fear of approaching pestilence, we may find the majority imbued with more sensible ideas than those which they seem generally to have held.

MUTUAL AID ASSOCIATION.

WE learn with much pleasure that the Mutual Aid Association of the Philadelphia County Medical Society has determined, through its energetic Board of Directors, to make a renewed effort to place itself in a position for active usefulness. Its treasury has now about $3500, and about $2000 more is required. Its expenses are, and have always been, kept at the zero point. Its funds are invested in the best stocks in the country, and it deserves at the hands of those who have been blessed with an abundance of this world's goods immediate and full recognition.

COLLEGE GOSSIP.

Jefferson Medical College.

Dr. Rolondo Kuehn (Class of 1883), formerly surgeon on United States steamer "Mariposa," is now Government Resident Physician in Lahama District, Island of Mani, Sandwich Islands, about fifty miles from Honolulu.

Dr. Charles Meigs Wilson (Class of 1882) has been appointed Lecturer on Obstetrics at the Philadelphia Lying-in-Charity.

Dr. F. H. Patton (Class of 1866, Post-Graduate, 1883) has been appointed Surgeon to the National Military Home, Dayton, Ohio.

Dr. William C. Cahall, of Philadelphia (Class of 1879), was married on October 28th to Miss Emma Turpin.

Dr. George McClellan will continue his course of lectures on Surgical Anatomy and Operative Surgery throughout January and February, at the Pennsylvania School of Anatomy, Tenth and Medical Streets. The lectures are given every Monday afternoon at three o'clock. A cordial invitation to be present is extended to physicians in general.

University of Vermont.

Dr. W. Oliver Moore, of the Manhattan Eye and Ear Hospital, New York, has been elected Professor of Diseases of the Eye and Ear.

Dr. Stephen S. Burt, of New York, has been elected to the chair of Physical Diagnosis.

NOTES, QUERIES, AND REPLIES.

YELLOW FEVER WITH BLACK VOMIT.

TO THE EDITOR: In September, 1877, while lazaretto physician, there was brought to me off a vessel from Pensacola, Fla., where yellow fever was prevailing, a patient suffering from the above disease. He had been sick four days before coming under my care. The treatment consisted of a foot bath followed by quinia for the first few hours. The following day the black vomit set in, when he was immediately put on the following mixture, repeated every three hours, viz:—

℞. Pure carbolic acid . . grs. ij.
Quinine . . . . grs. ijss.
Brandy . . . . ℥ss.
Glycerine a small quantity.

The vomit continued for about twenty hours, after which he began slowly to improve, recovering in fourteen days, his recovery being tedious

but effectual. After the vomiting had been checked there appeared a severe swelling of the parotid gland, which was treated with a raw onion poultice, causing it to discharge its contents through the ear, when the swelling subsided.

I attribute the cessation of the black vomit and the subsequent recovery of the patient to the carbolic acid especially, and would employ the same medication in any other similar case I might meet.

From the results obtained in this instance I am inclined to the belief that the same remedies would be applicable in typhoid or gastric fevers, and would like to learn the experience of others with similar cases.

D. K. SHOEMAKER, M.D.

MEDICAL NEWS AND MISCELLANY.

WANTED.—Copies of THE MEDICAL BULLETIN for August, 1882, Vol. IV., No. 8. Will pay liberally for them. Address THE MEDICAL BULLETIN.

THE annual prize of $50, offered by the Baltimore Academy of Medicine for the best thesis read by a member during the year, has been given to Dr. John N. Mackenzie. Dr. Mackenzie's paper was read before the Academy on January 15, 1884, and was entitled: "Irritation of the Sexual Apparatus as an Etiological factor in the Production of Nasal Disease."

TO THE READERS OF THE BULLETIN.—We would ask your special attention to the advertisements in this issue of THE BULLETIN. Many important changes have been made in them, and a large number of advertisers are represented herein for the first time.

In no way can you keep so well posted on the new and elegant preparations offered you, as by continuously reading the advertisements of the enterprising houses who take advantage of this method to reach the profession in a commercial way.

Since the publisher excludes all but well-known firms, of established reputation, you are respectfully urged to patronize directly each and every one of our advertisers, as occasion arises. Most of them generously furnish choice samples of their goods, or valuable literature pertaining thereto, and we are led to believe that our professional friends do not fully appreciate the advantages thus offered for experimentation and original investigation. They devote their time and money in catering to our tastes and needs, and we at least owe them an investigation of their claims.

IF you will mention THE MEDICAL BULLETIN whenever you write to any of its advertisers, you will assist us in our endeavor to give you the largest and best medical journal published for a dollar a year, and we will feel that you are favoring us in so doing. By the co-operation of reader, advertiser, and publisher, we believe all will be greatly benefited.

MEDICAL EXAMINERS. — The Philadelphia County Medical Society has already held two well attended meetings for the discussion of the proposed bill appointing medical examiners for the State of Pennsylvania. The discussion has been full and energetic. Much of its success before the Legislature will depend upon the harmony shown by our medical associations.

BOARD OF HEALTH.—We understand that a new bill creating a State Board of Health will be offered and passed at the approaching session of our State Legislature. It is earnestly to be hoped that this time it may be passed. We learn that as yet little or no action has been had in furtherance of the plan offered at the last session of the State Medical Society. We understand that it was intended to educate the people throughout the State as to the value of a Health Board. Gentlemen, get to work.

THE NEW ENGLAND MEDICAL MONTHLY says, "The British Medical Association now numbers about 12,000 members. How long will it be before the American Medical Association can make a like boast?" Well, brother Will, we learn from the permanent secretary, Dr. William B. Atkinson, that the recent change in the law by which any member of a County or State Medical Society can become a member by application, has already added a number of members throughout the entire country, and he expects this to be but the beginning of a great influx as soon as the plan becomes more fully understood.

DR. SQUIBB suggests that nauseous salines are best taken dilute with ice water. Take a mouthful or two of ice-water before and after the dose, which should be taken in a wineglassful of ice-water.

THE second annual meeting of the Ohio State Sanitary Association will be held in Columbus, Ohio, on February 5th and 6th, 1885. Papers will be presented by a number of the most prominent physicians and sanitary workers in the State. Programmes containing full information can be obtained by addressing the secretary, Dr. R. Harvey Reed, Mansfield, Ohio.

DR. J. WEICHSELBAUM, Savannah, Ga., has been using the oleate of iodine with gratifying results in cases where the external use of the tincture or the ointment of iodine was indicated.

Dr. H. B. Ritter (Med. Herald) finds Indian hemp one of the most valuable hemostatics. It is equal to ergot, and often succeeds when that fails. The dose is twenty to thirty drops of the tincture every two or three hours. The best vehicle is syrup of acacia. The extract may be given in pill in one-half to one-grain doses.

Dr. Thomas Duncan has used *puff balls* in *uterine hemorrhage*. He divided a ball in half, excited it, tied a thread around it, and introduced it into the vagina up to the os. In twenty-four hours he removed it, and found the hemorrhage had ceased. Dr. Jas. Robinson succeeded with injections into the uterus of raw whiskey.

The Use of Ichthyol in Eczema.—Dr. Alex. J. Sinclair has treated of late several cases of eczema with ichthyol, and met with a fair amount of success. The numerous remedies applied for the cure of this disease are of themselves an indication of its obstinate and intractable nature; one, therefore, hails with delight some new remedy by means of which one may possibly effect a cure. The following case indicates that ichthyol, although in many cases an useful remedy, must be used with caution, and is not altogether devoid of danger. A child four months old, suffered from chronic eczema of the head and extremities. An ointment, made up of one part of ichthyol to five parts of vaseline, was rubbed over the parts affected. Within two hours of the application, the child sank into a stupor, from which he could with difficulty be roused. This condition lasted for twelve hours, during which time he was unable to suck, and could with difficulty be made to take nourishment. His recovery was complete.—*British Med. Journal.*

Ring-Worm of the Scalp.—Dr. A. Bernard, in an obstinate case, where failure had followed a variety of treatment, omitted all, and relied on washing the part twice daily with soft soap and tepid water. In a short time the disease disappeared and hair covered the bald patches.

A number of writers commend mullein for winter coughs. A pound of the root is boiled in two quarts of water to a quart; dose half a wineglassful three or four times a day.

Portable Antiseptic.—Professor Lister has recently recommended, as a portable antiseptic, a saturated solution of corrosive sublimate in glycerine; a fluid drachm of this solution being sufficient to convert about four pints of water into one in a hundred solution. The glycerine solution doubtless occupies a comparatively small bulk, and is readily mixed with water; but it is not very convenient to manipulate in measuring small quantities, and if the bottle containing it should be broken, or become uncorked while being carried with other things, the result is unpleasant.

A much more handy way of carrying the corrosive sublimate is to prepare powders, each containing ten grains of the salt and chloride of ammonium. One of these mixtures will dissolve in a little water in a few seconds; and, on diluting up to a pint, a solution is obtained of the strength of one in nine hundred and sixty. A few of these powders, wrapped around with guttapercha tissue to avoid deliquescence, can readily be carried in the pocket-case.—*British Med. Jour.*

Dr. R. I. Bromley has been treating cervical catarrh with hot water retrojected from the internal os outwards. He has invented an instrument by means of which several quarts of hot water can be passed through the cervical canal from the inner os outward, without any escaping into the uterine cavity. Starting at a temperature of 115°, he gradually increases until 140° is reached. He claims cures of acute catarrh in three days, the average duration being seven to ten days. Congestion is readily relieved, leucorrhœa checked, and granulating patches speedily heal. The pain is promptly relieved without anodynes, and the sense of weight and discomfort in the pelvis is relieved.

Death has within a few weeks carried off the venerable Dr. L. A. Dugas, of Augusta, Ga., so well known in the South; Dr. Harvey L. Byrd, of Baltimore; Dr. Samuel M. Berniss, of New Orleans, equally well known in the South.

Dr. Henry A. Martin, of Boston, died December 7th. Dr. M. was well-known to the profession as the inventor of the strong rubber bandage as a dressing. He has been actively engaged, with his son, for a number of years in the cultivation of bovine lymph. He contributed a valuable paper on this subject to the Transactions of the American Medical Association.

Dr. James G. Thomas, of Nashville, Tenn., died suddenly at Washington, during the meeting of the Committee on Organization of the International Medical Congress.

Dr. Wm. Darling, of New York, died on the morning of December 25th.

Dr. Wm. H. Thorndyke, of Boston, died December 26th.

Both of these gentlemen were well-known surgeons.

Dr. T. S. Bell, of Kentucky, died December 27th.

Dr. George H. Atkinson, of Brooklyn, N. Y., has just fallen a victim to his profession, having died from a poisoned wound received during an operation.

With sincere regret we learn that Dr. C. C. Shoyer, one of the oldest and most popular physicians of Leavenworth, Kan., died at his home in that city on December 7th from blood-poisoning. Dr. Shoyer, who had many friends and relatives in Philadelphia, graduated in 1860 from the Jefferson Medical College. He located in Leavenworth in 1864, and by his ability and energy soon succeeded in establishing a large and lucrative practice there.

As we go to press we learn, with deep regret, of the death of the wife of our genial friend Dr. James R. Taylor, of New York. All who have been so fortunate as to meet this lady socially, especially those who have enjoyed the hospitalities of the doctor's charming home, will recall her gentle, winning ways, and experience a pang of regret that she is no more.

NEW INVENTIONS.

VAGINAL DISTENDOR AND IRRIGATOR.

THE accompanying cuts represent the last of a series of useful instruments invented by Dr. H. G. Farr, of Boston, Mass.

FIG. 1.

FIG. 2.

FIG. 1 represents the distendor closed, and in condition to be introduced into the vagina; whence it is inserted in a manner similar to the insertion of a bi-valve speculum.

After the distendor is in position a hard-rubber, tapering syringe-pipe is passed between the blades, separating them to the desired extent, thus distending the vagina in every direction. Then, by attaching an ordinary syringe to the pipe, the entire vagina can be thoroughly cleansed, the wire blades not interfering a particle. The syringe-pipe is pierced by nine holes, so arranged as to convey the fluid used in as many different directions, as shown in FIG. 2.

One of the strongest points of this truly valuable invention is its simplicity, and we believe it will soon come into universal use.

PUBLISHER'S ANNOUNCEMENT.

Contributions of interest to the medical profession, such as reports of cases, trial of new remedies, accidents in practice, and results of original investigations are respectfully solicited. THE BULLETIN goes to press on the 20th of each month, and to insure insertion in the current number, all articles intended for publication should be sent to the Editor at as early a period as possible. Authors wishing reprints of their contributions are requested to communicate with the Publisher before insertion. Special arrangements will be made to pay liberally for original matter.

All books, instruments, apparatus, etc., sent for review will receive careful attention, and their merits will be impartially discussed.

Change of residence of physicians, items of professional interest, marriages and deaths, professional and business changes of physicians and pharmaceutists, will be published gratuitously, provided the announcement does not exceed five lines in type.

The attention of the business community is directed to the superior advantages enjoyed by THE BULLETIN as a medium for advertising their wares. Advertisements are inserted at very reasonable rates.

Our readers will confer a favor upon the Publisher by mentioning, when making purchases from our advertisers, that their attention was attracted by the handsome style of THE BULLETIN'S advertisements.

Notwithstanding the enlargement of THE BULLETIN (and the Publisher will still further increase it should circumstances warrant) the subscription price will still remain ONE DOLLAR per annum, postage prepaid.

F. A. DAVIS, Att'y., Publisher,
1217 Filbert Street, Philadelphia.

BOOK REVIEWS.

A Text-Book of Practical Medicine Designed for the Use of Students and Practitioners of Medicine. By ALFRED LOOMIS, M.D., LL.D., Professor of Pathology and Practical Medicine in the Medical Department of the University of the City of New York; Visiting Physician to Bellevue Hospital, etc. With two hundred and eleven illustrations. New York: William Wood & Co., 1884.

Professor Loomis has so long been known as one of the ablest of American teachers and practitioners of medicine, that this admirable volume needs no commendation. Based as it is upon the author's extended experience, and being mainly a revision and an elaboration of the lectures delivered by him during the last eighteen years in the University of the City of New York, it is, indeed, a practical book for practical men. In the preparation of this work, the author's experience as a medical teacher so convinced him of the value of appropriate illustrations, that he has introduced into it a series of well-executed plates faithfully portraying the morbid changes and objective symptoms of various forms of disease. Among the engravings especially worthy of notice are those of the tubercle bacillii from phthisical sputum, the lungs in successive stages of pneumonia and phthisis, and the heart in the many forms of valvular disease.

Throughout the entire work Professor Loomis has judiciously avoided the discussion of merely theoretical questions, thereby setting an example

which the busy practitioner might wish were more generally followed. Due prominence has, however, been given to all the latest advances in the different departments of medicine. No authenticated fact has been overlooked or lightly considered. Koch's discovery of the bacillus tuberculosis is admitted as confirmed by the most competent observers, but its etiological relation to phthisis as yet rests solely upon Koch's demonstration.

On questions of diagnosis, prognosis, and therapy, Professor Loomis speaks with the certainty that comes from actual knowledge. He regards most cases of acute phthisis as hopeless, but makes the gratifying statement that "chronic pulmonary phthisis is not necessarily a fatal disease. Its morbid processes may be arrested in their early stage in a large proportion of cases. In the advanced stage of cavities proper treatment will prolong life, and in some cases permanently arrest the progress of the disease." He divides the treatment into prophylactic, medicinal, and hygienic. "The most constant and important symptom of phthisis is fever, and its reduction is, therefore, one of the most important things to be accomplished in the management of a case, for the wasting, the cough, the expectoration, and the rapidity of the phthisical processes are closely connected with the fever. Of all the antipyretics in the treatment of the fever of phthisis, the sulphate of quinine is the most reliable, but it must be remembered that rest is equally important." According to the author's observation, catarrhal phthisis is not benefited in regions of very high altitudes. "Each case must be carefully analyzed before any definite directions can be given as to the climate best suited to it. . . . Some patients thrive best in a warm sedative climate, others in a cool stimulating climate. Extended clinical observation leads one to believe that it is neither the heat nor cold of a certain locality, but the *absence of sudden and frequent changes* which makes it so beneficial to phthisical invalids."

In reference to cholera, Professor Loomis says that "it is evident from the experiments made by Dr. Sanderson that the specific poison of cholera is contained in the discharges from the mucous surface of the alimentary canal, that it is not infectious when fresh, but that it acquires virulent infectious properties in from two to four days, and that it is rendered innocuous by cold." . . . "The first great object of medicinal treatment is to control the prodromal diarrhœa. . . . For the accomplishment of this, opium is the most reliable drug; it may be combined with nitrate of silver, sulphuric acid, small doses of calomel, or vegetable astringents. . . . When the disease is fully established, as indicated by the projectile vomit and rice-water stools, the treatment becomes symptomatic or expectant. In the stage of collapse iced brandy or champagne given repeatedly and in small doses is the best stimulant; musk and ammonia are also recommended."

We much regret that our space will not permit us to make any further extracts from this valuable work. Suffice it, therefore, to say that the same general clearness and accuracy are manifest throughout its pages. No equivocal statements are made, no doubtful remedies proposed, and no effort has been spared to make it a concise and complete text-book of practical medicine.

Elements of Pharmacy, Materia Medica, and Therapeutics. By WILLIAM WHITLA, M.D. (Q. U. I.), Physician to the Belfast Royal Hospital; Consulting Physician to the Ulster Hospital for Diseases of Women and Children; Vice-President of the Ulster Medical Society, etc. Second edition. Henry Renshaw, London, 1884.

This little work was mainly written, as the author modestly states, for the use of students of medicine. The most cursory examination, however, will show that it possesses merits far above that of many more pretentious volumes. Every page displays a thorough appreciation of the knowledge required, not only to pass a critical examining board, but also to meet the emergencies of every-day professional life. Dr. Whitla is also a master of the art of condensation, and has so deftly arranged his subject matter as to present the greatest amount of necessary information in the smallest amount of space. The student is first given a full explanation of the various processes of practical pharmacy. Materia medica and therapeutics are then considered in separate chapters, in which the source, appearance, dose, action, and uses of every preparation in the pharmacopœia are stated in a clear, concise manner, avoiding all useless repetition. Non-official, but valuable remedies, receive due attention. An admirable posological table, and a complete list of poisons and their tests and antidotes, considerably add to the value of the work.

Whooping-Cough; Its Pathology and Treatment. A Prize Essay; to which the Medical Society of London awarded the Fothergillian Gold Medal. By THOMAS M. DOLAN, M.D., Fellow of the Royal College of Surgeons, Edinburgh; Fellow of the Obstetrical Society, London; Fellow of the Medical Society, London, etc. Author of the Nature and Treatment of Rabies, etc. Baillier, Tindall & Cox, London.

This elaborate essay presents the results of a careful study of the origin, pathology, and treatment of whooping-cough. The author, Dr. Thomas M. Dolan, of Halifax, England, was

physician for a number of years to a large children's asylum, and had, besides, an extensive practice in districts where that disease was rife. He therefore had an unusually ample opportunity to endeavor to trace its cause, and determine the influence of remedies on it. As the result of observation and experiment, he believes that it is due to the entrance into the system of a specific contagious poison, which has a peculiar predilection for the mucous membrane of the air passages, and is to be found there rather than in the general circulation. Rabbits injected with the blood of whooping-cough patients manifested but little uneasiness. When, however, they were inoculated with some of the sputa or nasal secretions, they developed pneumonia and died in a couple of days. While Dr. Dolan did not succeed in isolating the contagious principle, he is confident that further investigations will reveal its exact nature, and enable us to apply a specific plan of treatment. Clinical experience, however, and the facts already discovered, show that in all cases the physician should endeavor 1st, to relieve irritation; 2d, lessen inflammation; 3d, prevent the accumulation of mucus in the bronchial tubes. Careful attention must be paid throughout to the state of the alimentary canal, and the little patient's strength kept up by appropriate food and stimulants. Dr. Dolan has obtained conspicuous benefit from the insufflation of chlorate of potassium during the second or convalescent stage.

Handbook of Diseases of the Eye. By H. R. SWANZY (Dublin). D. Appleton & Co., New York.

The first work of this author will command the attention of the student and ophthalmic surgeon on account of its perspicuity. Each topic is presented in a clear and concise manner; no pains have been spared to make the descriptions of the various diseases and different operations throughout the book as brief as is necessary in a work of this kind. Especial attention should be paid by the student to chapters I., II., III., which deal with the rudiments underlying retraction; under chapter III. we find the theory and practical application of retinoscopy discussed; as this is one of the simpler methods of diagnosing or estimating or correcting ametropia, it should be carefully read by the student. The nineteen chapters following treat of the diseases of the eye. The ophthalmic surgeon will find many new topics which have been hitherto omitted from works of this kind, and he will turn with interest to chapter XIII., which deals with sympathetic ophthalmitis; for in this chapter the author not only calls attention to the difference between sympathetic irritation and sympathetic ophthalmitis, but also certain rules are given to guide one in the treatment of this disease. According to the author sympathetic irritation is a reflex neurosis, while sympathetic ophthalmia is an inflammation propagated to the sympathizing eye by direct continuity through the optic nerves and chiasma from the exciting eye. The rules which guide our author in the treatment of sympathetic ophthalmia do not differ essentially from those laid down by Mauthner. Chapter XIV., on the motions of the pupil in health and disease, makes this book one of the most valuable yet published, for nowhere in our language have we as complete an exposition of the physiology of the iris. Numerous woodcut engravings illustrate the text, describing the operations on the eyelids and globe. Holmgren's test for color-blindness is demonstrated by having a set of wools pasted into the cover of the book. This work will become deservedly popular among students and practitioners. L. W. F.

The Medicine Stamp Tax. By C. E. MEETKERKE. Wyman & Sons, London, 1884.

In this admirably written pamphlet Mr. Meetkerke presents several forcible reasons for the repeal of the British law which requires a stamp to be affixed to all patent medicines, and medicines of foreign origin. He points out the fact that by enhancing the cost of imported drugs, it is a grievous burden to the poor in the hour when they can least afford to bear it. He also exposes the way in which it is used to promote quackery, and foist worthless or injurious articles upon the credulous public, who look upon the government stamp as a guarantee of the goodness of the preparation. The attention of the British government has been repeatedly called to the advisability of repealing the law, both by the Medical Association and the various medical journals, and we sincerely trust that in a short time it will be swept from the statute books.

Transactions of the Medical Society of New Jersey. By WM. PIERSON, M.D., Recording Secretary, 1884.

This interesting volume contains a full account of the proceedings of the last annual meeting of the Medical Society of New Jersey.

In addition to the report of delegates and district societies, it contains a number of contributed papers of more than ordinary value. The address of the president, Dr. P. C. Barker, of Morristown, on "Living and Dying," is especially worthy of notice as a masterpiece of eloquence and research.

Transactions of the Minnesota State Medical Society. By C. H. BOARDMAN, M.D., Recording Secretary, St. Paul, 1884.

This well arranged volume contains an account of the proceedings of the sixteenth annual meeting of the Minnesota State Medical Society, and is marked throughout by the same high stand-

ard of merit which has always been so characteristic of the annals of that society. The papers presented were thoroughly practical, and the reports of the various committees are models of conciseness and comprehensiveness.

Sixth Annual Report of the State Board of Health of the State of Rhode Island, for the year ending December 31, 1883. By CHARLES H. FISHER, M.D., Secretary, Providence, R. I.

This volume contains a full account of the proceedings of the Rhode Island State Board of Health for 1883. It also contains a series of valuable tables of vital statistics, a tabulated account of the acute diseases prevalent in the State during the same year, and a valuable address on "Associated Sanitary Effort," by the energetic secretary, Dr. Fisher.

Proceedings of the Philadelphia County Medical Society. Vol. VI. Containing a report of the transactions of the Society from September, 1883 to 1884. Edited by the Publication Committee, Drs. W. R. D. BLACKWOOD, EDWARD J. NOLAN, and HENRY LEFFMANN.

This volume is the first record of the transactions of the Society that has been printed entirely under its own charge, and is a sufficient proof of the wisdom of the Society's determination to control the publication of its own proceedings. The members of the Publication Committee are to be congratulated upon the admirable manner in which they performed their delicate and difficult duty. All of the articles are of an eminently practical nature. The majority of them have been copied into the leading medical journals, where they attracted widespread attention.

Lectures on the Principles and Practice of Medicine. Delivered in Chicago Medical College, Medical Department of the Northwestern University. By NATHAN SMITH DAVIS, A.M., M.D., LL.D., Dean of the Faculty, and Professor of the Principles and Practice of Medicine and Clinical Medicine in Chicago Medical College, etc. etc.

The lectures comprised in this excellent work are characterized by the same clearness of expression and soundness of judgment which have been so manifest in all the writings of Professor Davis, embracing substantially the course of instruction given by him in the Chicago Medical College. They will be cordially welcomed not only by the thousands of graduates of that school, but also by the profession in general, with whose progress he has so long been identified. The most attractive feature of these lectures is their essentially practical character. The fullest attention is given to diagnosis, prevention, and treatment; but little or no space is wasted upon irrelevant theory. The folly of attempting to trace all forms of disease to a common origin, and the impossibility of relieving all morbid conditions by the application of the same methods of treatment is well pointed out. On the other hand, the student is emphatically warned against the equally mischievous absurdities of that therapeutic skepticism which denies or distrusts the value of medicinal treatment, and would leave the patient unaided to struggle with disease. The advocates and deluded followers of this doctrine of inaction and unbelief are well described by the author as "possessing no definite scientific or theoretical standpoint of observation, being swayed by the general current of reaction from the antiphlogistic system, and captivated farther by the simplicity of the doctrine that all disease is a diminution of life, and partly by the plausible eulogies of nature, and her all controling power of disease, they have become essentially skeptical in therapeutics, and content to regulate the hygiene of the sick room, amuse the patient with placebos, and wait for nature to cure the disease." In reference to the laudations which are so freely bestowed on "nature" by these medical dilletanti, Professor Davis fittingly says: "If when you use the expressions, efforts of nature, powers of nature, *vis medicatrix naturæ*, etc., you simply mean the action of some organ to eliminate morbid material, or to compensate for the deficient action of some other organ, or the sedative effect of some retained excretion in overcoming the morbid excitability and muscular spasm that had caused its retention, there is no objection to such use. But when 'nature' is installed in the human system as a personal entity, and clothed with attributes of intelligence, and the phenomena of disease represented as the efforts of such nature to resist some morbid impression, and consequently not to be interfered with by art, it becomes not merely a fanciful goddess, but a positive hindrance to the advancement of practical medicine." The author's views are expressed in every chapter in the same terse and decided manner. His well-known opposition to the use of alcoholic stimulants in medicine is restated and justified. "Because, for more than thirty years past, I have faithfully tested the correctness of the sentiments I have given you in relation to the therapeutic effects and uses of alcoholic liquids in an ample clinical experience, both in hospital and private practice, and during all that time I have found no case of disease, and no emergency arising from accident, that I could not treat more successfully without any form of distilled or fermented liquors than with them." His belief in the superiority of the metric system, and his faith in its speedy adoption in this country, is shown by its use throughout the entire work, the equivalent measures of the old apothecaries' system being, however, given in brackets. Every page of the book

bears the impress of the author's individuality, close observation, earnest study, and wide experience, and as the finished product of fifty years of practice and thirty-five years of medical teaching, we predict for it a foremost place in American medical literature.

The Nature and Treatment of Rabies, or Hydrophobia. By THOMAS M. DOLAN, M.D., Fellow of the Royal College of Surgeons, Edinburgh; Fellow of Medical Society, London, etc. Being the Report made for the Medical Press and Circular. Second edition. Bailliere, Tindall & Cox, London.

Rabies, or hydrophobia, has so long been the opprobrium of medicine and the dread of mankind, that undoubtedly the popular belief of its relentless and horrible fatality would seem to be true. Indeed, even among physicians, the conviction is almost universal that the patient's sufferings can have but one ending, and that science can give no other comfort to its victims than to smooth the path to death. Unwilling to acquiesce in this dismal doctrine, the public-spirited editors of the Medical Press and Circular commissioned Dr. Thomas M. Dolan, of Halifax, England, to make an exhaustive inquiry into the pathology, symptoms, and treatment of that dread disease. The investigations of this acute observer, which were published in that journal, have been copied into other leading medical and scientific journals of Great Britain, and did much to reassure the popular mind, which was then frantically excited on that subject. They are now republished in book form, and constitute a most valuable contribution to medical literature, which will bear fruit in the saving of many important lives. As justifying the physician in holding a more hopeful view, the author gives in his first chapter a synopsis of one hundred and fifty reported cases, with their period of incubation, treatment, and morbid anatomy, wherever a *post-mortem* could be held. Twenty-five of these cases are rejected as being instances of meningitis, laryngitis, tetanus, and acute mania, which were mistaken for rabies, and twelve more are considered doubtful. There still remain, however, one hundred and thirteen cases of genuine rabies, of which ten were undoubtedly cured. Of the fatal cases, it is probable that the rapid exhaustion of the patient, and the *post-mortem* appearances were, in more than one instance, due rather to the drugs administered than to the disease. The period of incubation is stated to be from one to three months. So that the physician, whilst not neglecting any reasonable precaution, "can hold out reasonable hopes to his patient of almost perfect immunity after three months, and an increasing hope with every month that passes, so that after a year, he may afford a scientific certainty of the patient's recovery." The treatment is naturally divided into preventative and curative. The wounded part should be freely excised, or suction practised whenever possible, free bleeding should be encouraged, and the wound freely cauterized, either with the hot iron or strong caustics. If these measures are promptly applied further mischief will rarely follow. If they, however, prove insufficient or the wound be neglected, and constitutional symptoms develop, the happiest results may still be obtained from a bold but judicious management of the case. As Dr. Dolan well points out, sedation is to be the rule. Absolute quietude is to be maintained as far as possible. The Turkish, or vapor bath, by promoting free diaphoresis, will be found a useful adjuvant to the internal administration of hypnotics. Finally, there is every reason to believe that by timely use of curare the convulsive spasms can often be moderated, until the violence of the disease has passed. In support of these views, Dr. Dolan has presented a strong array of facts, which cannot fail to carry impression to the minds of his readers, and which will exercise a strong influence in the future treatment of this disease.

Clinical and Surgical Figures. By Lebon & Co., London.

This useful and decidedly unique publication, consists of a series of diagrams of the different portions of the human body in outline. They are all anatomically correct, and artistically executed, especially those of the brain and nervous system. The physician who desires to keep or publish an illustrated record of his more important cases, will find them to be of invaluable assistance.

An Aid to Materia Medica. By ROBERT H. DAWBARN, M.D., Late Resident Physician to the Nursery and Child's Hospital, New York City. New York: J. H. Vail & Co., 1884.

This useful little book presents in brief space all the drugs and preparations of the Pharmacopœia of 1880, with their doses expressed in both the apothecaries and metric systems. The common names, pronunciations, and pharmaceutical derivations of the various articles are also given; a table showing the relative solubilities of the principal medicinal chemicals is added, and a new and simple method of using the metric system is presented. The work is well arranged, contains much useful information in a condensed form, and will be found handy as a book of reference.

Pyuria or Pus in the Urine, and its Treatment. By Dr. ROBERT ULTZMANN, Professor of Genito-Urinary Diseases in the Vienna Polyclinic. Translated by permission by Dr. Walter B. Platt, F.R.C.S., Demonstrator of Surgery in

the University of Maryland, etc. D. Appleton & Co., New York, 1884.

This excellent monograph contains, in less than one hundred pages, a complete review of the conditions that give rise to pus within the urinary tracts. Acute and chronic urethritis, prostatitis, cystitis, and pyelitis are discussed in turn, with especial reference to their differential diagnosis and treatment. As a result of observation and experience, the author states that while acute urethritis can only be cured by the direct application of remedies to the diseased part, other forms of acute pyuria, "and above all that of the bladder and neck of the bladder ought never to be treated locally, but by internal medication and regulation of diet; while in chronic pyuria of any part of the urinary tract, an appropriate local treatment takes a prominent place." The remedies and methods of treatment that have been used with most success by the author are considered in detail in the chapter on the Therapeutics of Polyuria.

G. P. PUTNAM'S SONS announce that they will shortly publish, by arrangement with the Vienna publisher, a translation, prepared by Dr. Barney Sachs, with the authorization of the author, of Dr. Mynert's Treatise on Psychiatrie. The first part of the work, devoted to the anatomy and physiology of the brain, the publishers hope to have ready by the beginning of the new year. The work will be fully illustrated.

NEW PUBLICATIONS RECEIVED.

Some Observations on the Bacillus of Tuberculosis, by Harold E. Ernst, A.M., M.D., Jamaica Plains, Mass. Reprint from the American Journal of the Medical Sciences.

Membrana Virginatatis, by E. S. McKee, M.D., Cincinnati, Ohio. Reprint from the Nashville Journal of Medicine and Surgery.

The Plaster of Paris Dressing in the Treatment of Fractures, by W. O'Daniel, A.M., M.D., Bullards, Ga. Reprint from Transactions Medical Association, Georgia.

Prostatic Hypertrophy and Urinary Obstructions, Its treatment Without Catheterism. An address delivered at the annual meeting of the Michigan State Medical Society, by A. B. Palmer, M.D., LL.D., Ann Arbor, Mich.

Disorders Mistaken for Hydrophobia, by Chas. W. Dulles, M.D., Philadelphia. Reprint from the Transactions of the Medical Society of the State of Pennsylvania.

Eleventh Annual Report of the Maternity Hospital. Philadelphia, Pa.

Report of the Surgical Institute, Exhibiting the Operations of the Institute from July 1, 1881, to July 1, 1884, by J. G. Allen, M.D., Surgeon in Charge, Philadelphia. Published by order of the Board of Directors.

On Paroxysmal Fever—Not Malarial, by J. H. Musser, M.D., Philadelphia. Reprint from Proceedings of Philadelphia County Medical Society.

A Simple and Successful Method of Treating Fracture of the Clavicle without Resultant Deformity, by S. J. Allen, M.D., White River Junction, Vt.

A Contribution to the Clinical Study of Rotheln, or German Measles, by W. A. Edwards, M.D., Assistant Demonstrator of Clinical Medicine, University of Pennsylvania. Reprint from the American Journal of the Medical Sciences.

Typhoid Fever and its Treatment, by James J. Levick, M.D., Philadelphia, Pa. Reprint from the Philadelphia Medical Times.

Neoplasm of the Lachrymal Gland, by Peter D. Keyser, A.M., M.D., Professor of Ophthalmology, Medico-Chirurgical College, and Surgeon Wills' Eye Hospital, Philadelphia. Reprint from the Journal of the American Medical Association.

President's Address at the Annual Meeting of the Medical and Chirurgical Faculty of Maryland, by Richard McSherry, M.D. Reprint from the Transactions of the Medical and Chirurgical Faculty of Maryland.

Report of the Proceedings of the National Conference of State Boards of Health, held in St. Louis, Mo., October 13–15, 1884, to consider the threatened extension of Asiatic Cholera to North America, and the action necessary to prevent or limit a cholera epidemic.

Permanganate of Potassium; its Actions and Uses, by Roberts Bartholow, M.D., LL.D., Professor of Materia Medica, General Therapeutics, and Hygiene, in the Jefferson Medical College, etc. Reprint from the Medical News.

Irregular Contraction of the Uterus, by E. S. McKee, M.D., Cincinnati, Ohio. Reprint from Columbus Medical Journal.

Recherches Cliniques et Therapeutiques Sur L'Epilepsie, L'Hysterie, et L'Idiotie Par Bourneville, Medecin de Bicetre, Bonnaire Boutier, Leflaive, Internes Du Service, P. Bricon et Seglas, Docteurs en Medecine. Paris, 1884: A. Delahaye & E. Lecrosnier.

IN PRESS.

Lectures on Diseases of the Nose and Throat. By CHARLES E. SAJOUS, M.D., Instructor of Rhinology and Laryngology in the Post-Graduate Course of Jefferson Medical College; President of the Philadelpnia Laryngological Society; Fellow of the American Laryngological Association, of the Royal Society of Belgium, of the Medical Society of Warsaw, Russia, etc., etc.

In one handsome octavo volume of about 300 pages, with *one hundred colored engravings* from oil-paintings by the author, and sixty wood-cuts. F. A. Davis, Att'y, Publisher, 1217 Filbert Street, Philadelphia.

OUR ADVERTISERS.

PURE WHISKEY AS A MEDICINE.—One of the greatest annoyances physicians have in their practice, and a difficulty which they have not up to this time been able to overcome, is that of getting pure whiskey for the sick room. In calling the attention of the profession to the purity and medicinal qualities of the "Duffy Barley Malt Whiskey," we would simply and briefly give the opinions of persons who stand high in the medical profession:

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GOLD MEDAL AWARDS TO THE UNITED STATES PRODUCTS AT INTERNATIONAL HEALTH EXHIBITION, LONDON, 1884.—Among the food products exhibited at the International Health Exhibition, London, 1884, from the United States, were Beef Peptonoids and Maltine; both of these preparations carried off the only gold medal and highest award against numerous competitors in their respective classes. All food preparations were critically analyzed at this exhibition by a jury composed of the best chemists in the country.—*London Lancet.*

DISEASES OF THE URIC ACID DIATHESIS.—By William B. Gray, M.D., Richmond, Va., Academy of Medicine.

* * * The careful record of these many cases shows that when the urine is of high specific gravity by reason of the presence of an abnormal amount of uric acid, Lambert's Lithiated Hydrangea, in my hands, has never failed to be of signal benefit. In cases in which the specific gravity exceeds 1015, it invariably gives good results.

Guided by these indications, I have successfully used this preparation for nearly a year in various diseases produced by the well-known irritating properties of uric acid, finding that it acts like a charm in cystitis, excessive micturition, headaches, etc. I have also used it with satisfactory effect in many cases of gastric and abdominal dyspepsia, diabetes, Bright's disease, and rheumatism (particularly muscular). In fact, in all cases where uric acid is to be combated Lambert's Lithiated Hydrangea will be found a potent remedy. I would not be without it. I generally give ʒj doses four times a day. —*Lancet and Clinic.*

BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Ass't Surgeon at Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and HIRAM WOODS, A.M., M.D., Ass't Surgeon at Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

Dr. Thomas A. Ashby, editor of the Maryland Medical Journal, has recently purchased a fine residence on Madison Avenue, and is now located in his new home.

Prof. I. E. Atkinson has also moved from his former residence. He has purchased a house on Cathedral Street, near Mount Vernon Place.

Dr. N. A. S. Keyser (Class of '83) has become associate editor of the Maryland Medical Journal.

During the past month three practising physicians of this city have died,—Dr. Harvey L. Byrd, on November 29; Dr. George S. Kinnemon, on December 12; and Dr. Andrew Hartman, on December 15.

The new building for the insane at Bay-View Asylum has been completed. The work of moving the pauper insane from their former quarters at Bay-View and Spring Grove Asylums into the new building was carried on during the second week in December. It is understood that the wings of the asylum building at Bay-View, which have heretofore been occupied by the insane, will be converted into hospital wards. The new building is under the efficient care of Mrs. Mary Chabot, formerly chief nurse of the University Hospital.

It seems probable that Baltimore will soon have another "*permanent*" Eye, Ear, and Throat Charity Hospital. On the 17th of December the Trustees and Managers of the "Baltimore Eye, Ear, and Throat Hospital" appointed a committee to attend to the purchasing of a site for the hospital, and the raising of an endowment fund. This Baltimore Hospital has already been in active operation for several years at 186 Franklin Street. It is in charge of Drs. Theobald, Murdoch, Mackenzie, and Samuel Johnston.

The long existing dispute between the two factions of the Faculty of the "Baltimore Medical College" has at last been settled by agreement. Since the death of the late Dr. Byrd, who was leader of one faction, the gentlemen who supported him have taken out a charter for the "Baltimore University of Baltimore City." The "Baltimore Medical College" continues under the care of Dr. W. R. Monroe, and his supporters. The latter corporation has received the appropriation made some time ago by the City Council for the "Baltimore Medical College Dispensary."